

RCRA TREATMENT, STORAGE AND DISPOSAL FACILITY INSPECTION FORM  
FOR TSD FACILITIES ONLY

COMPANY NAME: Cello Film Corp EPA I.D. Number: NJD000813451

COMPANY ADDRESS: 45-5 Cornelia St. Newark, NJ

COMPANY CONTACT OR OFFICIAL:

Mr. Watyehawiz

OTHER ENVIRONMENTAL PERMITS HELD

BY FACILITY: ☒ NPDES none

TITLE: Plant Superintendent

☐ AIR

☐ OTHER

INSPECTOR'S NAME: Alphonse Iannuzzi DATE OF INSPECTION: 5-27-01

BRANCH/ORGANIZATION: NJ DEP

TIME OF DAY INSPECTION TOOK PLACE: 1300

(1) Is there reason to believe that the facility has hazardous waste on site?

a. If yes, what leads you to believe it is hazardous waste?  
Check appropriate box:

☒ Company admits that its waste is hazardous during the inspection.

☐ Company admitted the waste is hazardous in its RCRA notification and/or Part A Permit Application.

☐ The waste material is listed in the regulations as a hazardous waste from a nonspecific source (§261.31)

☐ The waste material is listed in the regulations as a hazardous waste from a specific source (§261.32)

☐ The material or product is listed in the regulations as a discarded commercial chemical product (§261.33)

☐ EPA testing has shown characteristics of ignitability, corrosivity, reactivity or extraction procedure toxicity, or has revealed hazardous constituents (please attach analysis report)

☐ Company is unsure but there is reason to believe that waste materials are hazardous. (Explain)

b. Is there reason to believe that there are hazardous wastes on-site which the company claims are merely products or raw materials?

YES

NO

DON'T

KNOW

— X —

Please explain:

YES NO DON'T  
KNOW

- an internal communications or alarm system? *intercom system* ☒ ☐ ☐
- a telephone or other device to summon emergency assistance from local authorities? ☒ ☐ ☐
- portable fire equipment? *inside building but not in waste area* ☒ ☐ ☐
- adequate aisle space? ☒ ☐ ☐
- in your opinion, do the types of wastes on site require all of the above procedures, or are some not needed? Explain. ☒ ☐ ☐

*Adequate aisle space is not needed due to small quantity of drums handled.*

In your opinion, do the types of wastes on site require all of the above procedures, or are some not needed? Explain.

*see above comment, all other procedures are needed.*

- \*(8) Have you inspected to verify that the groundwater monitoring wells (if any) mentioned in the facility's groundwater monitoring plan (see no. 19 below) are properly installed? ☐ ☒ ☐

*no wells on site*

If you have, please comment, as appropriate.

- (9) a. Is there any reason to believe that groundwater contamination already exists from this facility? ☐ ☐ ☒

If "YES", explain. *possibility of groundwater*

*contamination due to spillage depending on amount of spillage in past.*

- b. Do you believe that operation of this facility may affect groundwater quality? ☒ ☐ ☐

- c. If "YES", explain.

*If proper precautions are not taken to contain spillage groundwater quality could be effected.*

#### RECORDS INSPECTION

- (10) Has the facility received hazardous waste from an off-site source since Nov. 19, 1980 (effective date of the regulations)? ☐ ☒ ☐

*Haz. waste never recieved from an off site source.*

- a. If "YES", does it appear that the facility has a copy of a manifest for each hazardous waste



(13) PERSONNEL TRAINING (§265.16)

a. Is there written documentation of the following:

- job title for each position at the facility related to hazardous waste management and the name of the employee filling each job?   X  

- type and amount of training to be given to personnel in jobs related to hazardous waste management?   X  

- actual training or experience received by personnel?   X  

*do have  
safety meetings  
occasionally*

(14) Does the facility have a written contingency plan for emergency procedures designed to deal with fires, explosion or any unplanned release of hazardous waste?  
(§265.51)   X  

-a. Does the plan describe arrangements made with local authorities?       

b. Has the contingency plan been submitted to local authorities?       

How do you know?       

c. Does the plan list names, addresses, and phone numbers of Emergency Coordinators?       

d. Does the plan have a list of what emergency equipment is available?       

e. Is there a provision for evacuating facility personnel?       

f. Was an Emergency Coordinator present or on call at the time of the inspection?       

*N/A*

*no conting.  
plan*

(15) Does the owner/operator keep a written operating record with: (§265.73)

- a description of wastes received with methods and dates of treatment, storage or disposal?       

- location and quantity of each waste?   X  

- detailed records and results of waste analysis and treatability tests performed on wastes coming into the facility?   X  

*N/A no wastes recieved*

YES   NO   KNOW

- the generator's name, mailing address, telephone number, and EPA identification number
- the name, and EPA identification number of each transporter
- the name, address and EPA identification number of the designated facility and an alternate facility, if any;
- a DOT description of the wastes
- the total quantity of each hazardous waste by units of weight or volume, and the type and number of containers as loaded into or onto the transport vehicle
- a certification that the materials are properly classified, described, packaged, marked, and labeled, and are in proper condition for transportation under regulations of the Department of Transportation and the EPA

d. Are there any indications that unmanifested hazardous wastes have been received since November 19, 1980? If YES, explain.

(11) Does the facility have a written waste analysis plan specifying test methods, sampling methods and sampling frequency? (§265.13)

- a. Does the character of wastes handled at the facility change from day to day, week to week, etc., thus requiring frequent testing?  
(You may check more than one)  
Waste characteristics vary \_\_\_\_\_  
All wastes are basically the same \_\_\_\_\_  
Company treats all waste as hazardous \_\_\_\_\_  
Don't Know \_\_\_\_\_

b. Does hazardous waste come to this facility from off-site sources?

c. If waste comes from an off-site source, are there procedures in the plan to insure that wastes received conform to the accompanying manifest? *N/A*

(12) INSPECTIONS (§265.15)

a. Does the facility have a written inspection

*N/A*

- an estimate of the maximum inventory of wastes in storage or treatment at any time during the life of the facility?

- a description of the steps necessary to decontaminate facility equipment during closure?

- a schedule for final closure including the anticipated date when wastes will no longer be received and when final closure will be completed?

b. What is the anticipated date for final closure?

tc. Does the owner/operator have a written post-closure plan identifying the activities which will be carried on after closure and the frequency of these activities?

d. Does the written post-closure plan include:

- a description of planned groundwater monitoring activities and their frequencies during post-closure?

- a description of planned maintenance activities and frequencies to ensure integrity of final cover during post-closure?

- the name, address and phone number of a person or office to contact during post-closure?

\*(17) Does the owner/operator have a written estimate of the cost of closing the facility? (§265.142) What is it?

\*(18) Does the owner/operator have a written estimate of the cost for post-closure monitoring and maintenance? What is it? (§265.144)

\*(19) Has a groundwater monitoring plan been submitted to the Regional Administrator for facilities containing a surface impoundment, landfill or land treatment process? (This requirement does not apply to recycling facilities.) (§265.90)

a. Does the plan indicate that at least one monitoring well has been installed hydraulically upgradient from the limit of the waste management area?

b. Does the plan indicate that there are at least three

N/A

no  
closure  
plan

no ground water  
monitoring plan



VISUAL OBSERVATIONS

(5) SITE SECURITY (\$265.14)      YES    NO    DON'T KNOW

a. Is there a 24-hour surveillance system?

*operate 24 hr. during week and have guards during weekends*

b. Is there a suitable barrier which completely surrounds the active portion of the facility?

*X*

c. Are there "Danger-Unauthorized Personnel Keep Out" signs posted at each entrance to the facility?

*— X —*

(6) Are there ignitable, reactive or incompatible wastes on site? (\$265.27)

*X — —*

a. If "YES", what are the approximate quantities?

*eight (8) drums*

b. If "YES", have precautions been taken to prevent accidental ignition or reaction of ignitable or reactive waste?

*— X —*

c. If "YES", explain

d. In your opinion, are proper precautions taken so that these wastes do not:

- generate extreme heat or pressure, fire or explosion, or violent reaction?

*— X —*

- produce uncontrolled toxic mists, fumes, dusts, or gases in sufficient quantities to threaten human health?

*X — —*

- produce uncontrolled flammable fumes or gases in sufficient quantities to pose a risk of fire or explosions?

*— X —*

*no fire extinguishers present*

- damage the structural integrity of the device or facility containing the waste?

*X — —*

- threaten human health or the environment?

*X X —*

*Spilled material threaten environment.*

Please explain your answers, and comment if necessary.

e. Are there any additional precautions which you would recommend to improve hazardous waste handling procedures at the facility?

*storage of waste in more sound containers on pallets.*

### SITE-SPECIFIC

Please circle all appropriate activities and answer questions on indicated pages for all activities circled. When you submit your report, include only those site-specific pages that you have used.

<u>STORAGE</u>	<u>TREATMENT</u>	<u>DISPOSAL</u>
Waste Pile p. 9	Tank p. 8	Landfill pp. 10-11
Surface Impoundment p. 8	Surface Impoundment pp. 8-9	Land Treatment pp. 9, 10
<u>Container p. 7</u>	Incineration pp. 12-13	Surface Impoundment p. 8
Tank, above ground p. 8	Thermal Treatment pp. 12-13	Other _____
Tank, below ground p. 8	Land Treatment pp. 9-10	
Other _____	Chemical, Physical p. 13 and Biological Treatment (other than in tanks, surface impoundment or land treatment facilities)	<u>YES</u> <u>NO</u> <u>DON'T KNOW</u>
	Other _____	

### CONTAINERS (\$265.170)

1. Are there any leaking containers?  
If "YES", explain.

X   —   —

*A punctured container was leaking and 2 over filled drums leaked material onto soil.*

2. Are there any containers which appear in danger of leaking?  
If "YES", explain.

X   —   —

*rusty drums may leak if they are not repacked, within a*

3. Do wastes appear compatible with container materials?

X   —   —

4. Are all containers closed except those in use?

X   —   —

5. Do containers appear to be opened, handled or stored in a manner which may rupture the containers or cause them to leak?

X   —   —

*containers over filled.*

6. How often does the plant manager claim to inspect container storage areas?

*daily*



## ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

01/27/97

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NJD000813451

FACILITY NAME -> REICHHOLD CHEMICALS - TRUCKING

MAILING ADDRESS -> 45-5 CORNELIA ST  
NEWARK, NJ 07105

INSTALLATION ADDRESS -> 45-5 CORNELIA ST  
NEWARK, NJ 07105

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION II  
290 BROADWAY  
NEW YORK, NEW YORK 10007-1866

ATTN: AIR & WASTE MANAGEMENT DIVISION, 22ND FL.  
HAZARDOUS & SOLID WASTE PROGRAMS BRANCH  
RCRA NOTIFICATIONS

TO: KURTZ, RONALD  
EHS MANAGER  
REICHHOLD CHEMICALS - TRUCKING  
400 DOREMUS AVE  
NEWARK, NJ 07105



Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



# Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received (For Official Use Only)

97 JAN 1995  
HAZARDOUS WASTE PROGRAMS BRANCH

## I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification



B. Subsequent Notification (complete item C)

C. Installation's EPA ID Number

NJ D000813451

## II. Name of Installation (Include company and specific site name)

REICHHOLD CHEMICALS = TRUCKING

## III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

45-5 CORNELIA STREET

Street (continued)

City or Town

NEWARK

State

ZIP Code

NJ 07105-

County Code

County Name

ESSEX

## IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

SAME

City or Town

State

ZIP Code

## V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

KURTZ

(first)

RONALD

Job Title

EHS MANAGER

Phone Number (area code and number)

201-465-2199

## VI. Installation Contact Address (See Instructions)

A. Contact Address Location Mailing



B. Street or P.O. Box

400 DOREMUS AVENUE

City or Town

NEWARK

State

ZIP Code

NJ 07105-

## VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

REICHHOLD CHEMICALS INC.

Street, P.O. Box, or Route Number

2400 ELLIS ROAD

City or Town

RESEARCH TRIANGLE PARK NC

State

ZIP Code

27709-

Phone Number (area code and number)

800-451-9562

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes

No

(Date Changed)

Month

Day

Year

Collofilm was merged with Reichhold Chemicals  
per Ronald Kurtz 1/20/97 3:15  
Call



## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions.)

A. Hazardous Waste Activity		B. Used Oil Fuel Activities
1. Generator (See Instructions) - <input checked="" type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.) <input type="checkbox"/> b. 100 to 1000 kg/mo (220 - 2,200 lbs.) <input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.) 2. Transporter (Indicate Mode in boxes 1-5 below) <input type="checkbox"/> a. For own waste only <input type="checkbox"/> b. For commercial purposes Mode of Transportation <input type="checkbox"/> 1. Air <input type="checkbox"/> 2. Rail <input type="checkbox"/> 3. Highway <input type="checkbox"/> 4. Water <input type="checkbox"/> 5. Other - specify <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span>	<input type="checkbox"/> 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions. <input type="checkbox"/> 4. Hazardous Waste Fuel <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketers <input type="checkbox"/> c. Burner - indicate device(s) - Type of Combustion Device <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 5. Underground Injection Control	1. Off-Specification Used Oil Fuel <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketer <input type="checkbox"/> c. Burner - indicate device(s) - Type of Combustion Device <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

## IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. EP Toxic (D000)	(List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s))			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1 F003	2 F005	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1 X001	2 X003	3	4	5	6
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## X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature <i>Ronald C. Kurtz</i>	Name and Official Title (type or print) <b>EHS</b> <b>RONALD C. KURTZ - Manager</b>	Date Signed <b>1/10/97</b>
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## XI. Comments

*This facility is part of a larger facility (EPA ID# NJD04879719) which is being divided, and This facility will be remaining active (Trucking)*

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)



# RCRIS NOTIFICATION DATA DISCREPANCY FORM

## Information from RCRIS

Facility Name: Cello Film Corporation  
Facility EPA ID Number: NJD 000 813451  
Facility Address: 45-5 Cornelia Street  
City: Newark St: NJ Zip: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
Facility Contact: \_\_\_\_\_ Phone: - -  
Owner/Operator: \_\_\_\_\_  
SIC Code(s): \_\_\_\_\_  
Waste Codes: \_\_\_\_\_  
Generator Status (LQG/SQG) \_\_\_\_\_  
Other: \_\_\_\_\_

## New Information (make change to "E" record only)

Facility Name: \_\_\_\_\_  
Facility EPA ID Number: \_\_\_\_\_  
Facility Address: \_\_\_\_\_  
City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
Facility Contact: \_\_\_\_\_ Phone: - -  
Owner/Operator: \_\_\_\_\_  
SIC Code(s): \_\_\_\_\_  
Waste Codes: \_\_\_\_\_  
Generator Status (LQG/SQG) \_\_\_\_\_  
Other: \_\_\_\_\_

In response to this request, please modify RCRIS Handler Notification Data for the following:  
**General Generator Information:**

Facility Name	EPA ID Number
Facility Address	Mailing Address
Facility Contact	Phone
SIC Code(s)	Waste Code(s)
Other	

**Add/Change Generator Status Codes:**

C	#	
	1	conditionally exempt Small Quantity Generator
	2	Definitionally Excluded Wastes
	3	Delisted Wastes
	4	One-time Hazardous Waste Generator
	5	Periodic Hazardous Waste Generator

C	#	
	6	No longer Generates HW; Still in Business
X	7	No longer Generates HW; Out of Business
	8	Never Generated Hazardous Waste
	9	ID Number to Transport Non-Hazardous Waste
	1	Regulated Under Another ID Number(s) (list below)
	0	

1N7/03-17-94 JL

Joel Golumbek, Chief, NJCS

Date



201 - 589-3871

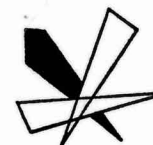


**CELLOFILM CORPORATION**

46 ALBERT AVENUE  
NEWARK, NEW JERSEY 07105

JAMES T. EFTAXES  
TRANSPORTATION MANAGER

PHONE N. J. 438-7100  
N. Y. 564-2063



**CELLOFILM  
CORPORATION**

RAYMOND WATYCHOWICZ  
PLANT SUPERINTENDENT

241 UNION AVENUE  
WOOD-RIDGE, NEW JERSEY



345

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

RCRA TRANSPORTER INSPECTION CHECKLIST

JUN 17 9 48 AM '81  
ENVIRONMENTAL PROTECTION  
AGENCY  
NEW YORK, N.Y. 10007

Transporter Name: Cello Film Corp.

EPA I.D.: NJD000813451

Transporter Address: 45-5 Cornelia St.  
Newark, N.J.

Driver: N/A

- |   | Yes | No  |
|---|-----|-----|
| 1. Does the transporter have an EPA I.D. number?                  | (X) | ( ) |
| 2. Is the transporter carrying hazardous waste?                   | ( ) | (X) |
| 3. Does the transporter have a manifest?                          | ( ) | (X) |
| 4. Does the manifest show the following information: <u>N/A</u>   |     |     |
| a. Name, address, I.D. of generator                               | ( ) | ( ) |
| b. Name, address, I.D. of transporter                             | ( ) | ( ) |
| c. Name, address, I.D. of designated facility                     | ( ) | ( ) |
| d. Name of alternative facility                                   | ( ) | ( ) |
| e. DOT waste description  | ( ) | ( ) |
| f. Quantity of waste-volume, weight,<br>number of containers      | ( ) | ( ) |
| g. Signed certification statement                                 | ( ) | ( ) |
| 5. Does the manifest information confirm vehicle load? <u>N/A</u> | ( ) | ( ) |
| 6. Is the vehicle placarded for hazardous waste? <u>N/A</u>       | ( ) | ( ) |

7. General comments:

Cello Film does not transport hazardous waste. The  
company has applied to register 4 vehicles for  
transporting hazardous waste in N.J. with the DEP.  
Use of vehicles will be to haul hazardous waste  
from associated facilities to disposal sites and/or between  
facilities.

Inspected by: Alphonse Iannuzzi  
Date: 5-27-81

RCRA GENERATOR INSPECTION FORM

COMPANY NAME: Cello Film Corp.

EPA I.D. NUMBER: NJD000813451

COMPANY ADDRESS: 45-5 Cornelia St. Newark, N.J.

COMPANY CONTACT OR OFFICIAL:

1) Mr. Watychawiz, 2) Mr. Eftaxes

INSPECTOR'S NAME: Alphonse Iannuzzi

TITLE: 1) Plant Superintendent, 2) Transportation manager

BRANCH/ORGANIZATION: N.J. DEP

CHECK IF FACILITY IS ALSO A TSD FACILITY ☒

DATE OF INSPECTION: 5-27-81

YES NO

DON'T  
KNOW

(1) Is there reason to believe that the facility has hazardous waste on site? ☒

a. If yes, what leads you to believe it is hazardous waste?  
Check appropriate box:

☒ Company admits that its waste is hazardous during the inspection.

☐ Company admitted the waste is hazardous in its RCRA notification and/or Part A Permit Application.

☐ The waste material is listed in the regulations as a hazardous waste from a nonspecific source (§261.31)

☐ The waste material is listed in the regulations as a hazardous waste from a specific source (§261.32)

☐ The material or product is listed in the regulations as a discarded commercial chemical product (§261.33)

☐ EPA testing has shown characteristics of ignitability, corrosivity, reactivity or extraction procedure toxicity, or has revealed hazardous constituents (please attach analysis report)

☐ Company is unsure but there is reason to believe that waste materials are hazardous. (Explain)

Waste material is cellomers finished goods that are cleaned out of Cello Films tank. Wagons and drums. All materials are alkyl resins mixed together consisting of flammable and non-flammable material.



YESNODON'T  
KNOW

- b. Is there reason to believe that there are hazardous wastes on-site which the company claims are merely products or raw materials?

YES X NO X DON'T KNOW    

Please explain:

blanket wash material some rusted through container and 16 drums (55 gal.)  
leaking and c. rusted containing wax material. Facility states that material will be reused.  
Identify the hazardous wastes that are on-site, and estimate approximate quantities of each.  
6 partially full drums (55 gallon) of mixed Alkyd resins consisting of flammable and combustible material.

- d. Describe the activities that result in the generation of hazardous waste.

cleaning and draining of tank wagons.

- (2) Is hazardous waste stored on site?

X        

- a. What is the longest period that it has been accumulated?  
more than 1 year.

- b. Is the date when drums were placed in storage marked on each drum?

    X    

- (3) Has hazardous waste been shipped from this facility since November 19, 1980?

    X    

- a. If "yes," approximately how many shipments were made?

- (4) Approximately how many hazardous waste shipments off site have been made since November 19, 1980? none

- a. Does it appear from the available information that there is a manifest copy available for each hazardous waste shipment that has been made?

        X

- Facility claims that hazardous waste never was sent off site, therefore, facility has no manifest records.  
b. If "no" or "don't know," please elaborate.

	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>
--	------------	-----------	-----------------------

c. Does each manifest (or a representative sample) have the following information? N/A

- |  |  |  |  |
|--|--|--|--|
| - a manifest document number   |  |  |  |
| - the generator's name, mailing address, telephone number, and EPA identification number   |  |  |  |
| - the name, and EPA identification number of each transporter  |  |  |  |
| - the name, address and EPA identification number of the designated facility and an alternate facility, if any:  |  |  |  |
| - a description of the wastes (DOT)  |  |  |  |
| - the total quantity of each hazardous waste by units of weight or volume, and the type and number of containers as loaded into or onto the transport vehicle  |  |  |  |
| - a certification that the materials are properly classified, described, packaged, marked, and labeled, and are in proper condition for transportation under regulations of the Department of Transportation and the EPA |  |  |  |

(5) Were there any hazardous wastes stored on site at the time of the inspection?

a. If "yes," do they appear properly packaged (if in containers) or, if in tanks, are the tanks secure?

b. If not properly packaged or in secure tanks, please explain.

containers rusted and leaking.

c. Are containers clearly marked and labelled?

d. Do any containers appear to be leaking?

e. If "yes," approximately how many?

1 container was punctured and leaking and 2 containers were over filled with resins.

\*(6) Has the generator submitted an annual report to EPA covering the previous calendar year? N/A

a. How do you know? \_\_\_\_\_

(7) Has the generator received signed copies (from the TSD facility) of all manifests for wastes shipped off site more than 35 days ago? N/A

a. If "no," have Exception Reports been submitted to EPA covering these shipments? \_\_\_\_\_

(8) General comments.

Cello Film Corp. is a trucking outfit for Poly Chrome, Yonkers, NY which is a parent company of Cello Film Woodridge, NJ and Cellomer Albert ave. Newark, NJ. Cello Film transports finished products for Poly Chrome, nitrocellulose for Cellofilm-Woodridge, and alkyd resins for Cellomer. Cello film does not haul hazardous waste.

Tank wagons containing resins are rinsed out and material is drummed and stored in trailer lot. Tank wagons are also washed out with caustic solution (7.5% NaOH), rinsed with water which is neutralized and discharged to the sewer (Passaic Valley Sewage Authority). Caustic <sup>wash</sup> solution is also neutralized and discharged to sewer when it is spent. The 3 tanks used in the tank wash system were all in good condition. This wash system was implemented approximately 1 year ago.

\* The effective date for this requirement is March 1, 1982.

(5)

Cello Film

5-27-81

## Observations and/or Other Comments

A drum (55 gal) of waste oil from Cello Film vehicles (crank case oil) was noted on site. Cello Film gives this material to a garbage truck to use as hydraulic fluid in the truck. Mr. Eftaxes stated that the company was Shubert of Newark but was not sure of the exact company name. Cello Film was informed that their waste oil must be removed by a registered special waste hauler to a registered facility.

Inspection of lot revealed that some spilled resins (approx. 10' x 5') and waste oil sludges on soil and gravel were noted. A rusted bottom section of a drum containing hardened resin type material was also noted. Eight (8) drums of flammable and non-flammable alkyl resins were noted. One drum was leaking because it was punctured and 2 other drums were over filled and leaked resins onto the soil.

Sixteen drums on a flat bed truck were noted in the lot. Some drums were leaking and were in poor condition (i.e. rusted). Mr. Eftaxes stated that this material was wax that will be brought to the Cello Film corp. in Woodridge, NJ. for use. Spilled material did appear to be wax.

A box trailer on site contained approximately 25 one gallon cans of flammable blanket wash product. Some cans were rusted through. Mr. Eftaxes stated that this trailer was only on site for 2 months and these containers came from a division of Polychrome. The

Inspector's Signature

*Alphonse Samunz*

Facility Operator's Signature



(6)

Cello Film 5-27-81

Observations and/or Other Comments

exact facility was not known by Mr. EF taxes. This material will either be reused or packed into drums as <sup>hazardous</sup> waste.

Cello Film <sup>stated that they</sup> will achieve the following in order to comply with existing state and Federal regulations:

- 1). repack all leaking drums and those in poor condition within 1 week of inspection,
- 2). cleanup and drum all spilled sludges and resins within 1 week of inspection,
- 3). Label and date all waste materials in containers, and,
- 4) send a letter to NJ DEP indicating disposal or reuse of 1 gallon cans within 1 week of inspection.

Mr. Watychawiz was informed that Cello Film cannot store waste from Newark facility at Woodridge facility unless Woodridge is registered as a transfer station with the NJ DEP. Mr. Watychawiz indicated that this will not be done and S & W Waste Inc, so, Kearny, NJ will be contacted to remove waste drums presently on site that have been stored for more than 6 months.

Inspector's Signature

*Alfonse Lamm*

Facility Operator's Signature

\_\_\_\_\_



<b>FORM 1</b> <b>1</b> <b>GENERAL</b>	<b>U.S. ENVIRONMENTAL PROTECTION AGENCY</b> <b>GENERAL INFORMATION</b> <i>Consolidated Permits Program</i> <i>(Read the "General Instructions" before starting.)</i>	<b>I. EPA I.D. NUMBER</b> <div style="border: 1px solid black; padding: 2px;"> <b>MS DO 00813451</b> </div>
<b>II. POLLUTANT CHARACTERISTICS</b> <div style="border: 1px solid black; padding: 5px; min-height: 150px;"> <p style="text-align: center; font-weight: bold;">PLEASE PLACE LABEL IN THIS SPACE</p> </div>		<b>GENERAL INSTRUCTIONS</b> <p>If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI (except VI-B which must be completed regardless). Complete a items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.</p>

SPECIFIC QUESTIONS	MARK 'X'	FORM ATTACHED	SPECIFIC QUESTIONS	MARK 'X'	FORM ATTACHED
	YES	NO		YES	NO
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X	B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X	D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X	H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X

<b>III. NAME OF FACILITY</b>	
1	SKIP Cellofilm Corporation

<b>IV. FACILITY CONTACT</b>	
A. NAME & TITLE (last, first, & title)	B. PHONE (area code & no.)
2 Rossomando Robert Vice Pres.	201 438 7100

<b>V. FACILITY MAILING ADDRESS</b>			
A. STREET OR P.O. BOX			
3 241 Union Avenue			
B. CITY OR TOWN		C. STATE	D. ZIP CODE
4 Wood-Ridge		NJ	07075

<b>VI. FACILITY LOCATION</b>			
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER			
5 45-5 Cornelia Street			
B. COUNTY NAME			
Essex			
C. CITY OR TOWN		D. STATE	E. ZIP CODE
6 Newark		NJ	07105



CONTINUED FROM THE FRONT

I. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND									
2869 (specify) Industrial Organic Chemicals										7 (specify)									
C. THIRD										D. FOURTH									
2851 (specify) Paints and Varnishes										7 (specify)									

II. OPERATOR INFORMATION

A. NAME																																								B. Is the name listed in Item VIII-A also the owner?									
Cellofilm Corporation																																								<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO									
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)																														D. PHONE (area code & no.)																			
F = FEDERAL M = PUBLIC (other than federal or state) P (specify) S = STATE O = OTHER (specify) P = PRIVATE																														201 589 3871																			
E. STREET OR P.O. BOX																																																	
45-5 Cornelia Street																																																	
F. CITY OR TOWN																				G. STATE					H. ZIP CODE					IX. INDIAN LAND																			
Newark																				NJ					07105					Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																			

EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)															D. PSD (Air Emissions from Proposed Sources)														
N															9 P														
B. UIC (Underground Injection of Fluids)															E. OTHER (specify)														
U															(specify)														
C. RCRA (Hazardous Wastes)															E. OTHER (specify)														
R															(specify)														

I. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

F9: A/50

II. NATURE OF BUSINESS (provide a brief description)

Transporter of Industrial Resins and Coatings

F9: A/51

III. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NAME & OFFICIAL TITLE (type or print)															B. SIGNATURE															C. DATE SIGNED														
Robert Rossomando Vice President															Robert Rossomando															11/17/80														

COMMENTS FOR OFFICIAL USE ONLY

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--



<b>FORM</b> <b>3</b>		<b>U.S. ENVIRONMENTAL PROTECTION AGENCY</b> <b>HAZARDOUS WASTE PERMIT APPLICATION</b> Consolidated Permits Program <i>(This information is required under Section 3005 of RCRA.)</i>	<b>I. EPA I.D. NUMBER</b> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span>71</span> <span>72</span> <span>73</span> <span>74</span> <span>75</span> <span>76</span> <span>77</span> <span>78</span> </div>
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FOR OFFICIAL USE ONLY		COMMENTS
APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	
23	24 25 26 27 28 29	
	8 0 1 1 1 9	

**II. FIRST OR REVISED APPLICATION**

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

<b>A. FIRST APPLICATION</b> (place an "X" below and provide the appropriate date)		<input type="checkbox"/> <b>2. NEW FACILITY</b> (Complete item below.) FOR NEW FACILITIES PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN
<input checked="" type="checkbox"/> <b>1. EXISTING FACILITY</b> (See instructions for definition of "existing" facility. Complete item below.) <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="text-align: center;">             C 8 73 74 75 76 77 78 7 3 0 3 0 1           </div> <div style="font-size: 0.8em;">             FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., &amp; day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)           </div> </div>	<div style="text-align: center;">             C 73 74 75 76 77 78              [ ] [ ] [ ] [ ] [ ] [ ]           </div>	
<b>B. REVISED APPLICATION</b> (place an "X" below and complete Item I above)		
<input type="checkbox"/> <b>1. FACILITY HAS INTERIM STATUS</b>	<input type="checkbox"/> <b>2. FACILITY HAS A RCRA PERMIT</b>	

**III. PROCESSES - CODES AND DESIGN CAPACITIES**

**A. PROCESS CODE** - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

**B. PROCESS DESIGN CAPACITY** - For each code entered in column A enter the capacity of the process.

1. **AMOUNT** - Enter the amount.

2. **UNIT OF MEASURE** - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<b>Storage:</b>			<b>Treatment:</b>		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS		T04	GALLONS PER DAY OR LITERS PER DAY
<b>Disposal:</b>			OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)		
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			

UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

**EXAMPLE FOR COMPLETING ITEM III** (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

C											
DUP											
T/A C											
1 2 3 4 5 6 7 8 9 10											
LINE NUMBER	A. PRO-CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY			FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO-CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY			FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)					1. AMOUNT	2. UNIT OF MEASURE (enter code)		
X-1	S 0 2	600	G			5					
X-2	T 0 3	20	E			6					
1	S 0 1	7,000 000	G			7					
2	S 0 2	12,500 000	G			8					
3						9					
4						10					



**II. PROCESSES (continued)**

3. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

**IV. DESCRIPTION OF HAZARDOUS WASTES**

- A. EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
- B. ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE                      CODE  
POUNDS..... P  
TONS..... T

METRIC UNIT OF MEASURE                      CODE  
KILOGRAMS..... K  
METRIC TONS..... M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

**D. PROCESSES****1. PROCESS CODES:**

**For listed hazardous waste:** For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

**For non-listed hazardous wastes:** For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

**Note:** Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

- 2. PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "Included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below)** — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)		D. PROCESSES							
								1. PROCESS CODES (enter)				2. PROCESS DESCRIPTION (if a code is not entered in D(1))			
X-1	K	0	5	4	900	P		T	0	3	D	8	0		
X-2	D	0	0	2	400	P		T	0	3	D	8	0		
X-3	D	0	0	1	100	P		T	0	3	D	8	0		
X-4	D	0	0	2										included with above	



EPA I.D. NUMBER (enter from page 1)										FOR OFFICIAL USE ONLY									
W A J D 0 0 0 8 1 3 4 5 1 3 1										W DUP 3 2 DUP									
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																			
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES															
				1. PROCESS CODES (enter)															
				2. PROCESS DESCRIPTION (if a code is not entered in D(1))															
1	U 0 0 2	6000 000	P	S 01	D 8 0														
2	U 0 3 1	6000 000	P	S 01	D 8 0														
3	U 1 1 2	6000 000	P	S 01	D 8 0														
4	U 1 4 0	6000 000	P	S 01	D 8 0														
5	U 1 5 4	6000 000	P	S 01	D 8 0														
6	U 1 5 9	6000 000	P	S 01	D 8 0														
7	U 1 6 1	6000 000	P	S 01	D 8 0														
8	U 2 2 0	6000 000	P	S 01	D 8 0														
9	U 2 3 9	6000 000	D	S 01	D 8 0														
10																			
11																			
12																			
13																			
14																			
15																			
16																			
17																			
18																			
19																			
20																			
21																			
22																			
23																			
24																			
25																			
26																			

Included with above



**IV. DESCRIPTION OF HAZARDOUS WASTES (continued)****E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.**

EPA I.D. NO. (enter from page 1)														
S	F	N	J	D	0	0	0	8	1	3	4	5	1	T/A C
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

$$FG: \frac{A}{55}$$

$$FG: \frac{A}{56}$$
**V. FACILITY DRAWING**

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

**VI. PHOTOGRAPHS**

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

**VII. FACILITY GEOGRAPHIC LOCATION**

LATITUDE (degrees, minutes, & seconds)										LONGITUDE (degrees, minutes, & seconds)									
4	0	4	4	1	1	6				0	7	4	0	8	1	5	2		
55	56	57	58	59	60	61	62	63	64	72	73	74	75	76	77	78	79	80	81

**VIII. FACILITY OWNER**

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER															2. PHONE NO. (area code & no.)									
E																								
3. STREET OR P.O. BOX															4. CITY OR TOWN									
F															G									
5. ST.															6. ZIP CODE									

**IX. OWNER CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

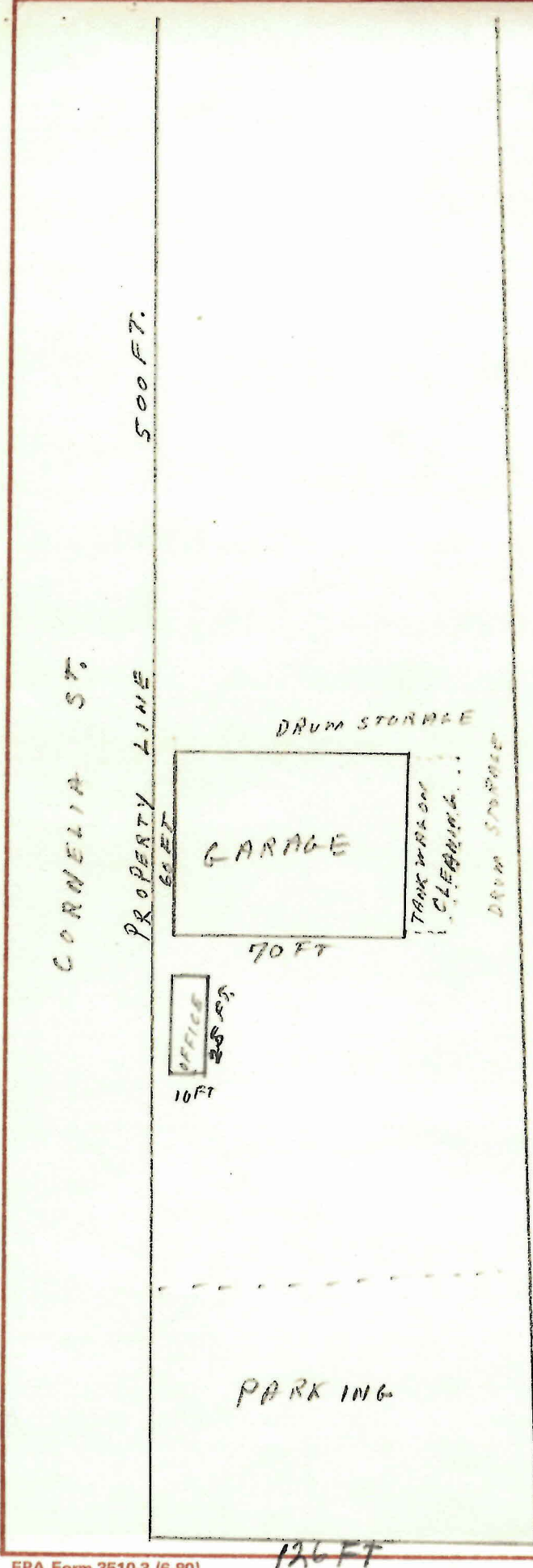
A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
Robert Rossomando Vice President	<i>Robert Rossomando</i>	11/17/80

**X. OPERATOR CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED

V. FACILITY DRAWING (see page 4)

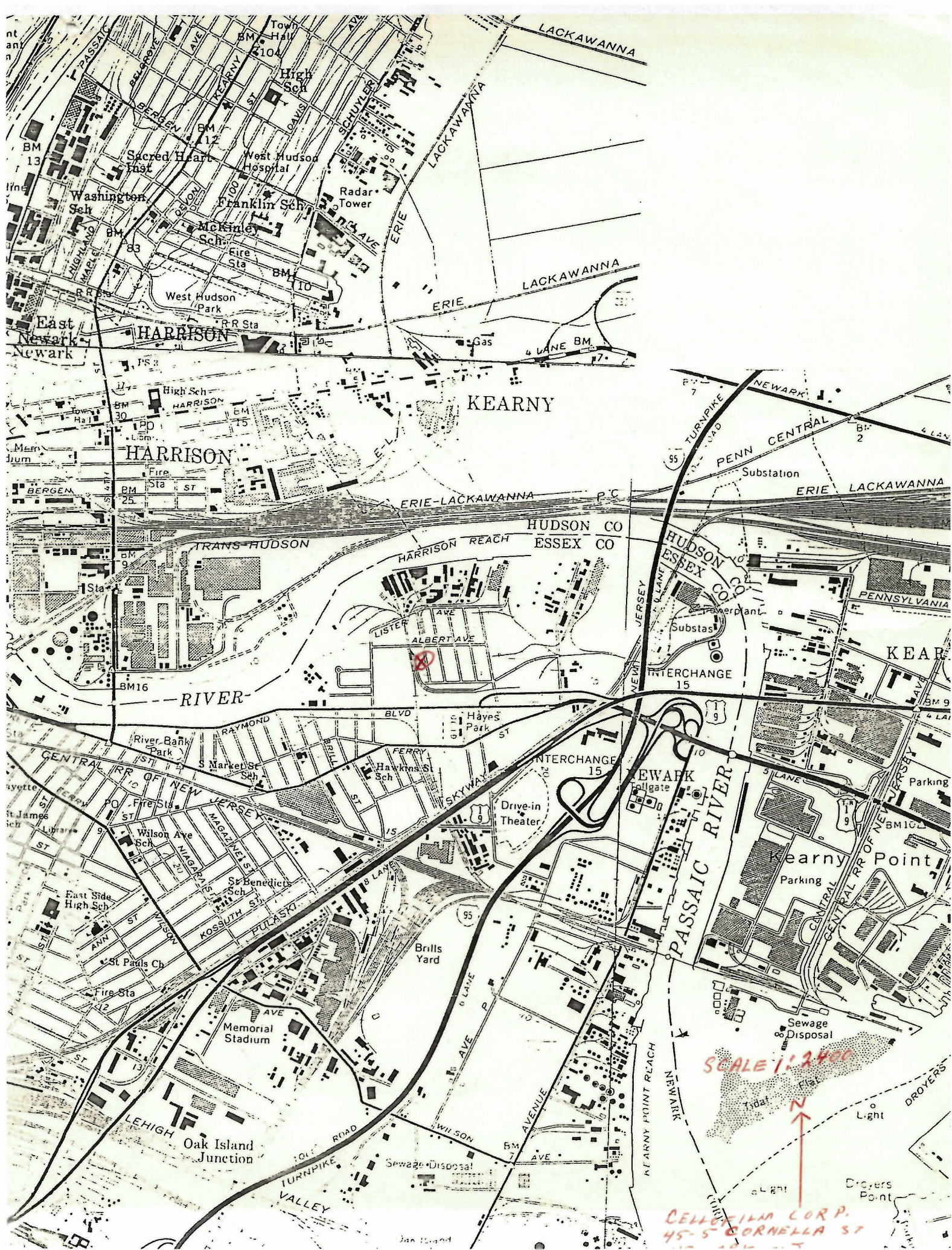


CELLOFILM CORP.  
45-5 CORNELIA ST  
NEWARK N.J.

SCALE: 1 MM = 2 FT.

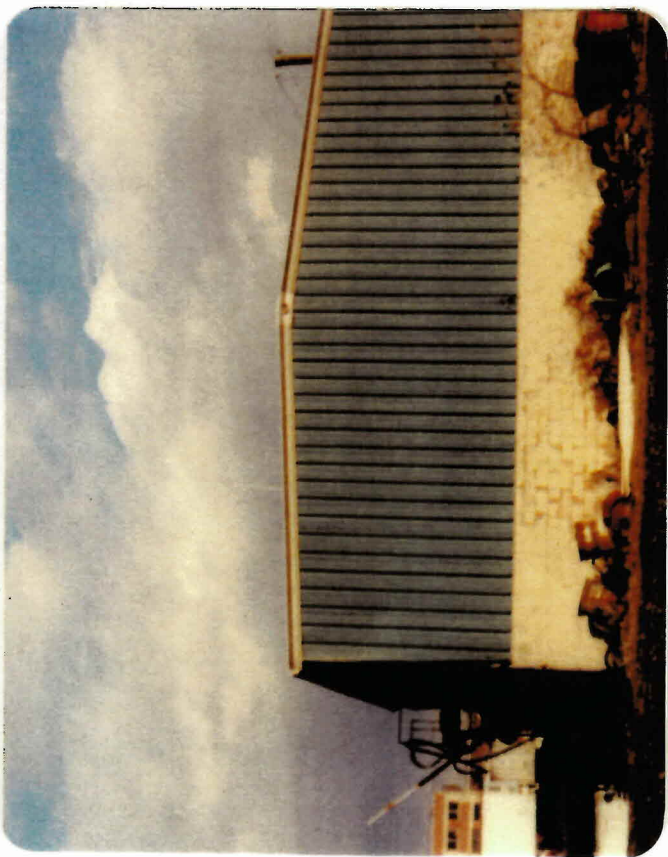






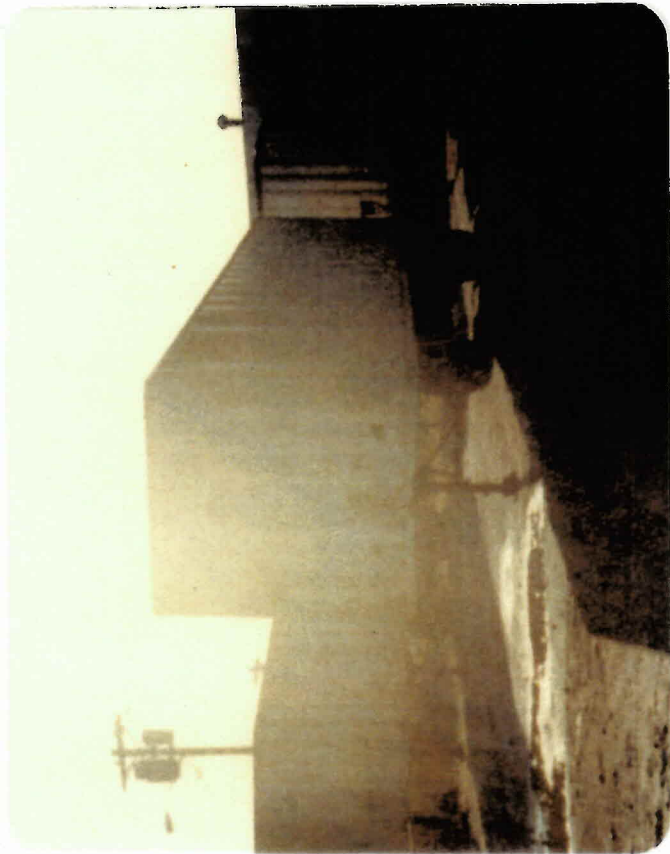








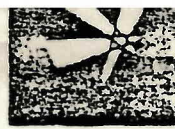








# CELLOFILM



C O R P O R A T I O

241 UNION AVENUE • WOOD-RIDGE, NEW JERSEY 07075 • (201) 438-7100 • N.Y. (212) 564-2000

March 2, 1981

Mr. Bruce Adler, Attorney General Enforcement Branch  
Enforcement Division  
U.S. Environmental Protection Agency, Region II  
26 Federal Plaza, Room 437  
New York, N.Y. 10278

Dear Sir:

In answer to your letter of February 22, 1981, I am enclosing the following information:

Question I - Hazardous wastes:

Acetone  
N. Butyl Alcohol  
Di N Octyl phthalate  
Ethyl Acetate  
Methanol  
Methyl Ethyl Ketone  
Toluol  
Methyl Iso Butyl Ketone  
Xylene  
Di Butly phthalate

Mixtures of all or some of the above are generated at the rate of approximately 100 gallons per week.

Question II -

No wastes have been removed in this period.

Question III -

E.P.A. identification number as a hazardous waste storage facility:

NJD000813451

Very truly yours,

CELLOFILM CORPORATION

RR.  
Robert Rossomando  
Vice President

RR/mb

DRAFT

WD 000 813 451

CE 93 9.10.93

**COMPLIANCE EVALUATION INSPECTION (CEI)**  
**CELLOFILM CORPORATION**  
**(LOCATION NOW OCCUPIED BY REICHHOLD CHEMICALS, INC.)**  
**NEWARK, NEW JERSEY**  
**WORK ASSIGNMENT R02035**



## TABLE OF CONTENTS

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## ATTACHMENTS

New Jersey Generator Inspection Report  
New Jersey Hazardous Waste Inspection Report

## 1.0 INTRODUCTION

In accordance with RCRA policy, hazardous waste transporter, generator, or treatment/storage/disposal (TSD) facilities are subject to Compliance Evaluation Inspections (CEI) which address facility environmental concerns. The inspections are conducted to evaluate compliance with all applicable standards promulgated under 40 CFR Parts 262 through 268.

Under TES V Work Assignment R02035, CDM Federal Programs Corporation (CDM Federal) was contracted to conduct a CEI at the Cellofilm Corporation facility in Newark, New Jersey. Aaron Frantz of CDM Federal visited Cellofilm Corporation on September 10, 1993 to conduct the CEI. The information within this report was obtained from facility personnel and onsite records during the CEI, except where referenced otherwise.

The CEI was conducted using (as appropriate) the New Jersey Generator Inspection Report and the New Jersey Hazardous Waste Inspection Report. These documents were used as a basis for the inspection. All pertinent information is recorded in the inspection narrative. When necessary, relevant checklists were completed to provide additional detail when specific concerns were encountered during the inspection.

## 2.0 SITE BACKGROUND

### 2.1 FACILITY DESCRIPTION AND OPERATIONS

Cellofilm is not located at the address provided by EPA. Presently, the location is occupied by Reichhold Chemicals Inc.

The Reichhold facility consists of three buildings and is located on approximately two acres at the intersection of Albert Avenue and Cornelia Street in Newark, New Jersey. The production operations are situated on the northwest corner of the intersection and the product transportation operation is situated on the southwest corner of the intersection.

Cellofilm previously operated at the southwest corner of the intersection from 1968 to 1984. Cellofilm performed specialty operations regarding the manufacturing of nitrocellulose. In 1984, the facility was acquired by Polychrome, Inc. (Polychrome). A description of Polychrome's was not obtained.

In March 1989, Reichhold acquired the Cellomer Corporation (Cellomer), which was located at the northwest corner of the aforementioned intersection. Cellomer manufactured alkyd resins, which is the process currently performed by Reichhold. During the March 1989 acquisition, Reichhold also acquired the adjacent Polychrome facility.



Currently, alkyd resins are produced by Reichhold on the northwest corner of the intersection. Reichhold's product transportation operation is performed out of the former Cellofilm location, which is at the intersection's southwest corner.

In summary, the alkyd resins are produced in batches by mixing glycerol and phthalic anhydride. Solvents are also added to the resin to control the viscosity of the product. Six reactors are onsite to perform the batch operations. The batches are filtered with presses to remove solids from the product.

The inspection consisted of meeting the facility representative to obtain a description of the site operations, conducting a facility tour and reviewing facility documents. Facility representative Mike (Yogesh) Baxi was present during the inspection. As previously presented, the EPA ID# of Reichhold is NJD048797195.

## 2.2 HAZARDOUS WASTE GENERATION

Reichhold generates hazardous wastes from several different points in the facility operations. First, the reactors process lines are cleaned periodically with solvent. The solvent is captured, classified as D001/F003/F005, and shipped to a disposal facility. Sometimes the process line cleaning is performed using methyl ethyl ketone (MEK) and the D035 waste code is included in the waste classification. Second, if an off-specification batch can not be reworked into production, the batch is disposed of as a hazardous waste. Last, a parts/tool cleaning station, which generates a waste solvent, is located in the facility garage.

The waste solvents and resins from the cleaning operations and the off-specification resins are handled by Cycle Chem of Elizabeth, New Jersey. The facility previously used Oldover Corporation (Oldover) of Arvon, Virginia for the disposal of these types of waste. However, Oldover only accepted bulk quantities of waste, and Reichhold only generates drum quantities of waste due to institution of a rebinding program.

The parts/tool cleaning solvents are handled by Safety Kleen of Newark, New Jersey.

Reichhold also generates a nonhazardous solid waste from their process. The nonhazardous waste is the filter cake from the presses used to finish the product. The filter cake is handled by GSX Laidlaw Corporation located in Pinewood, South Carolina.

### **3.0 ON-SITE OBSERVATIONS**

#### **3.1 IDENTIFICATION OF HAZARDOUS WASTES**

On September 24, 1993 the hazardous wastes that were being stored at the Reichhold facility were inspected. The facility maintains a hazardous waste storage area and two satellite accumulation areas. The following wastes were identified in the storage area:

- six 55 gallon drums of solid resin,
- eleven 55 gallon drums of waste resin,
- three 55 gallon drums of waste solvent, and
- four 55 gallon drums of waste resin solution.

Approximately 20 gallons of waste resin solution in a steel 55 gallon drum were identified in the satellite accumulation area by the control lab. Approximately 20 gallons of waste solvent in a steel 55 gallon drum were observed in the satellite accumulation area in the pilot room.

#### **3.2 EXAMINATION OF PAPERWORK**

All manifesting and notification requirements were complete. The facility maintains a contingency plan and training records were made available for review.

### **4.0 CONCLUSIONS**

No areas of concern or potential violations were observed during this inspection. Also, no areas that may pose a threat to human health or the environment were identified.



Tom Laccione ✓

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION II

-----X	
	:
	:
In the Matter of	:
	:
	:
	:
CELOFILM CORPORATION	:
NJD000813451	:
	:
	:
Respondent.	:
	:
	:
Proceeding Under Section 3008 of the	:
Solid Waste Disposal Act, as amended.	:
	:
	:
-----X	

COMPLAINT, COMPLIANCE ORDER,  
AND NOTICE OF OPPORTUNITY  
FOR HEARING

Docket No. II RCRA-81-0114

COMPLAINT

This administrative proceeding is instituted pursuant to Section 3008 of the Solid Waste Disposal Act, as amended, 42 U.S.C. §6901 et seq. ("the Act"). [Note: Among the statutes amending the Act is the Resource Conservation and Recovery Act, 90 Stat. 2795, P.L. 94-580 (1976).]

The Director of the Enforcement Division of the U.S. Environmental Protection Agency ("EPA"), Region II, Complainant in this proceeding, has determined that Respondent, Cellofilm Corporation has violated Section 3004 of the Act, 42 U.S.C. §6924 and the regulations promulgated thereunder, as herein-after specified:

1. Respondent owns and operates a facility located at 45-5 Cornelia Street, Newark, New Jersey 07105 ("the facility").

2. By notification dated August 18, 1980, Respondent informed EPA that it conducts activities at the facility involving "hazardous waste," as that term is defined in Section 1004(5) of the Act, 42 U.S.C. §6904(5) and in 40 CFR §261.3. By application dated November 17, 1980, Respondent requested a permit to conduct its hazardous waste activities.

3. On or about May 27, 1981, an inspection of the facility was conducted by duly-designated employees of EPA pursuant to Section 3007 of the Act, 42 U.S.C. §6927. Said inspection was conducted for the purpose of enforcing the EPA regulations for hazardous waste management, 40 CFR Parts 260 through 265 (published in 45 Fed. Reg. 33063 et seq., May 19, 1980 and as amended), promulgated pursuant to Subtitle C of the Act, 42 U.S.C. §6921 et seq.

4. The above-referenced inspection revealed that Respondent's facility was being used for the generation and storage of hazardous waste. The wastes on-site included alkyd resins, flammable blanket wash product and waste oil sludges.

5. 40 CFR Part 265 sets standards for all hazardous waste treatment, storage and disposal facilities.

6. 40 CFR §265.171 provides that if a container holding hazardous waste is not in good condition, or if it begins to leak, the owner or operator of the hazardous waste facility must transfer the hazardous waste from this container to a container that is in good condition, or manage the waste in some other way that complies with the requirements of 40 CFR Part 265. At the time of the May 27 inspection, a number of containers were rusted and some were leaking hazardous wastes onto the ground. These leaking wastes included alkyd resins and flammable blanket wash material. Respondent failed to transfer the wastes in these drums to other drums which were in good condition, and failed to manage these drums in any other appropriate manner. Respondent is therefore in violation of 40 CFR §265.171.

7. 40 CFR §265.173(b) requires that containers holding hazardous waste must not be opened, handled, or stored in a manner which may rupture the container or cause it to leak. At the time of the May 27 inspection, at least two containers were observed to be overfilled with waste resins which were leaking onto the soil. Respondent is therefore in violation of 40 CFR §265.173(b).

#### PROPOSED CIVIL PENALTY

In view of the above-cited violations, and pursuant to the authority of Section 3008 of the Act, Complainant herewith proposes the assessment of a civil penalty in the amount of fourteen thousand dollars (\$14,000.00) against Cellofilm Corporation for the violations specified hereinabove as follows:

For the violation of 40 CFR §265.171	-	\$ 7,000
For the violation of 40 CFR §265.173(b)	-	<u>\$ 7,000</u>
TOTAL PENALTY	-	\$14,000



COMPLIANCE ORDER

Based upon the foregoing, and pursuant to the authority of Section 3008 of the Act, Complainant herewith issues the following Compliance Order against Respondent herein:

1. Respondent shall, by no later than sixty (60) days after the date of this Compliance Order, transfer all hazardous wastes presently stored in containers which are in poor condition to containers which are in good condition; or otherwise dispose of such wastes in accordance with the Act and the regulations promulgated thereunder.
2. Respondent shall, by no later than sixty (60) days after the date of this Compliance Order, insure that containers which house hazardous waste are not filled to a level which would cause them to leak or overflow onto the soil.
3. Respondent shall, within sixty (60) days of the effective date of this Order, identify and remove any soil which has been contaminated by the release of hazardous waste at the facility.

NOTICE OF LIABILITY FOR ADDITIONAL CIVIL PENALTIES

Pursuant to the terms of Section 3008(a)(3) of the Act, a violator failing to take corrective action within the time specified in a Final Compliance Order is liable for a civil penalty of up to \$25,000 for each day of continued noncompliance. Such continued noncompliance may also result in suspension or revocation of any permits issued to the violator pursuant to the authority of the Act.

NOTICE OF OPPORTUNITY TO REQUEST A HEARING

As provided in Section 3008(b) of the Act, and in accordance with EPA's Consolidated Rules of Practices Governing the Administrative Assessment of Civil Penalties and the Revocation or Suspension of Permits, 40 CFR Part 22, 45 Fed. Reg. 24360 (April 9, 1980) (a copy of which accompanies this Complaint, Compliance Order, and Notice of Opportunity for Hearing), you have the right to request a hearing to contest any material fact set out in the Complaint, or to contest the appropriateness of the proposed penalty, or the terms of the Compliance Order. (Consistent with the provisions of Section 3008(b) of the Act, the hearing provided will be noticed and open to the general public, should you specifically request such a public hearing. In the absence of such a specific request, however, public notice of a scheduled hearing will not be published.)

To avoid being found in default, and having the proposed civil penalty assessed and the Compliance Order confirmed without further proceedings, you must file a written answer to the Complaint, which may include a request for



a hearing. Your answer (if any) must be addressed to the Regional Hearing Clerk, U.S. Environmental Protection Agency, Region II, 26 Federal Plaza, New York, New York, 10278, and must be filed within thirty (30) days of your receipt of this Complaint, Compliance Order, and Notice of Opportunity for Hearing. Your answer must clearly and directly admit, deny or explain each of the factual allegations contained in the Complaint, and should contain (1) a clear statement of the facts which constitute the grounds of your defense, and (2) a concise statement of the contentions which you intend to place in issue at the hearing.

The denial of any material fact, or the raising of any affirmative defense, will be construed as a request for a hearing. Failure to deny any of the factual allegations in the Complaint will be deemed to constitute an admission of the undenied allegations. Your failure to file a written answer within thirty (30) days of receipt of this instrument will be deemed to represent your admission of all facts alleged in the Complaint, and a waiver of your right to a formal hearing to contest any of the facts alleged by the Complainant. Your default will result in the final issuance of the Compliance Order, and assessment of the proposed civil penalty, without further proceedings.

#### INFORMAL SETTLEMENT CONFERENCE

Whether or not you request a hearing, the EPA encourages settlement of this proceeding consistent with the provisions of the Act. At an informal conference with a representative of the Complainant you may comment on the charges and provide whatever additional information you feel is relevant to the disposition of this matter, including any actions you have taken to correct the violation, and any other special circumstances you care to raise. The Complainant has the authority to modify the amount of the proposed penalty, where appropriate, to reflect any settlement agreement reached with you in such conference, or to recommend that any or all of the charges be dismissed, if the circumstances so warrant. Your request for an informal conference and other questions that you may have regarding this Complaint, Compliance Order, and Notice of Opportunity for Hearing should be directed to Jodi Lee Alper, Attorney, General Enforcement Branch, U.S. Environmental Protection Agency, Region II, 26 Federal Plaza, New York, New York, 10278, telephone (212) 264-1196.

Please note that a request for an informal settlement conference does not extend the thirty (30) day period during which a written answer and request for a hearing must be submitted. The informal conference procedure may be pursued as an alternative to or simultaneously with the adjudicatory hearing procedure. However, no penalty reduction will be made simply because such a conference is held. Any settlement which may be reached as a result of such conference will be embodied in a written Consent Agreement and Final Compliance Order to be issued by the Regional Administrator of EPA, Region II, and signed by you or

your representative. Your signing of such Consent Agreement would constitute a waiver of your right to request a hearing on any matter stipulated to therein.


RESOLUTION OF THIS PROCEEDING WITHOUT HEARING OR CONFERENCE

Instead of filing an answer requesting a hearing or requesting an informal settlement conference, you may choose to comply with the terms of the Compliance Order, and to pay the proposed penalty. In that case, payment should be made by sending to the Regional Hearing Clerk, EPA, Region II, a cashier's or certified check in the amount of the penalty specified in the "Proposed Civil Penalty" section of this instrument. Your check must be made payable to the United States of America.

DATED: New York, New York

September 29 , 1981

COMPLAINANT:

  
Julio Morales-Sanchez  
Director  
Enforcement Division  
U.S. Environmental Protection Agency  
Region II  
26 Federal Plaza  
New York, New York 10278

TO: Mr. Raymond Watychowicz  
Plant Superintendent  
Cellofilm Corporation  
241 Union Avenue  
Wood-Ridge, New Jersey 07075

cc: George Tyler, Esq.  
Assistant Commissioner for  
Environmental Management  
New Jersey Department of Environmental  
Protection

bcc: Douglas Farnsworth (WH-537-M)  
Gail Karlsson, (WH-537-M)  
Tom Taccone, 2PM-PA  
Margaret Randol, 2EP-PA



CERTIFICATE OF SERVICE

This is to certify that on the *2<sup>nd</sup>* day of *October*, 1981 I served a true and correct copy of the foregoing Complaint by certified mail to Mr. Raymond Watychowicz, Plant Superintendent, Cellofilm Corporation, 241 Union Avenue, Wood-Ridge, New Jersey, 07075. I handcarried the original foregoing Complaint to the Regional Hearing Clerk.

*Ellen P. Palmisano*

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ELLEN P. PALMISANO  
Clerk Stenographer



U.S. ENVIRONMENTAL PROTECTION AGENCY  
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

III. LOCATION OF INSTALLATION

PLEASE PLACE LABEL IN THIS SPACE

**INSTRUCTIONS:** If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

## FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED  
(yr., mo., & day)

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

CITY OR TOWN

ST.

ZIP CODE

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

CITY OR TOWN

ST.

ZIP CODE

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, &amp; job title)

PHONE NO. (area code &amp; no.)

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

B. TYPE OF OWNERSHIP  
(enter the appropriate letter into box)F = FEDERAL  
M = NON-FEDERAL

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION☒ B. TRANSPORTATION (complete item VII)☒ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☒ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.



**IX. DESCRIPTION OF HAZARDOUS WASTES** (continued from front)

**A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F 0 0 3 23 - 26	2 F 0 0 5 23 - 26	3  23 - 26	4  23 - 26	5  23 - 26	6  23 - 26
7  23 - 26	8  23 - 26	9  23 - 26	10  23 - 26	11  23 - 26	12  23 - 26

**B. HAZARDOUS WASTES FROM SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 K 0 7 9 23 - 26	14  23 - 26	15  23 - 26	16  23 - 26	17  23 - 26	18  23 - 26
19  23 - 26	20  23 - 26	21  23 - 26	22  23 - 26	23  23 - 26	24  23 - 26
25  23 - 26	26  23 - 26	27  23 - 26	28  23 - 26	29  23 - 26	30  23 - 26

**C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES.** Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 U 0 0 2 23 - 26	32 U 0 3 1 23 - 26	33 U 1 1 2 23 - 26	34 U 1 4 0 23 - 26	35 U 1 5 4 23 - 26	36 U 1 5 9 23 - 26
37 U 1 6 1 23 - 26	38 U 2 2 0 23 - 26	39 U 2 3 9 23 - 26	40  23 - 26	41  23 - 26	42  23 - 26
43  23 - 26	44  23 - 26	45  23 - 26	46  23 - 26	47  23 - 26	48  23 - 26

**D. LISTED INFECTIOUS WASTES.** Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49  23 - 26	50  23 - 26	51  23 - 26	52  23 - 26	53  23 - 26	54  23 - 26
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**E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES.** Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE  
(D001)

☒ 2. CORROSIVE  
(D002)

☐ 3. REACTIVE  
(D003)

☐ 4. TOXIC  
(D000)

**X. CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME &amp; OFFICIAL TITLE (type or print)

DATE SIGNED

Robert Rossomando

Robert Rossomando  
Vice President

8/20/80

af



DATE RETURNED \_\_\_\_\_

REASON \_\_\_\_\_

☐ ACKNOWLEDGEMENT SENT

*complete*

INTERNAL CHECKLIST

ID # NJD 00081345

1. Interim Regulatory Requirements

A. (1) FORM 1 MISSING ☐

(2) FORM 3 MISSING ☐

B. POSTMARK after NOVEMBER 19, 1980 ☐ Valid ☐

C. (1) DATE of OPERATION MISSING ☐

(2) DATE of OPERATION after NOVEMBER 19, 1980 ☐

(i) NON-NOTIFIER ☐  
D. (2) NOTIFIED after AUGUST 18, 1980 ☐ Valid ☐

E. (1) FORM 1, VIII B SIGNATURE MISSING ☐

(2) FORM 3, IX B SIGNATURE MISSING ☐

2. { A. HANDLER ☐  
B. NONREGULATED ☐  
C. UNSURE ☐

D. UNKNOWN FACILITY ☐  
(missing name and address on Form 3)

E. NEW FACILITY > NOV. 19, 1980 ☐

F. CORE ITEM(S) MISSING ☐

G. NON-CORE ITEM(S) MISSING ☐

H. OTHER ☐

MISSING :

MAP ☐

DRAWING ☐

PHOTO ☐

*AOK*



FORM 1 GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)		I. EPA I.D. NUMBER NJ DO 00813451	
LABEL ITEMS		PLEASE PLACE LABEL IN THIS SPACE		GENERAL INSTRUCTIONS	
I. EPA I.D. NUMBER				If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	
III. FACILITY NAME					
V. FACILITY MAILING ADDRESS					
VI. FACILITY LOCATION					
II. POLLUTANT CHARACTERISTICS					
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.					
SPECIFIC QUESTIONS		MARK 'X' FORM ATTACHED		SPECIFIC QUESTIONS	
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		YES NO ATTACHED		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		YES NO ATTACHED		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		YES NO ATTACHED		F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		YES NO ATTACHED		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		YES NO ATTACHED		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)	
III. NAME OF FACILITY					
1 SKIP Cellofilm Corporation					
IV. FACILITY CONTACT					
A. NAME & TITLE (last, first, & title)			B. PHONE (area code & no.)		
2 Rossomando Robert Vice Pres.			201 438 7100		
V. FACILITY MAILING ADDRESS					
A. STREET OR P.O. BOX					
3 241 Union Avenue					
B. CITY OR TOWN					
4 Wood-Ridge					
C. STATE					
NJ					
D. ZIP CODE					
07075					
VI. FACILITY LOCATION					
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER					
5 45-5 Cornelia Street					
B. COUNTY NAME					
Essex					
C. CITY OR TOWN					
6 Newark					
D. STATE					
NJ					
E. ZIP CODE					
07105					
F. COUNTY CODE (if known)					



**FORM 3**  
**EPA**  
**RCRA**  
**U.S. ENVIRONMENTAL PROTECTION AGENCY**  
**HAZARDOUS WASTE PERMIT APPLICATION**  
**Consolidated Permits Program**  
(This information is required under Section 3005 of RCRA.)

**I. EPA I.D. NUMBER**  
F N J D C 0 0 8 1 3 4 5 1 3 1

**FOR OFFICIAL USE ONLY**

**APPLICATION APPROVED**  
**DATE RECEIVED**  
(yr., mo., & day)  
8 0 1 1 1 9

**COMMENTS**

**II. FIRST OR REVISED APPLICATION**

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

**A. FIRST APPLICATION** (place an "X" below and provide the appropriate date)

☒ **1. EXISTING FACILITY** (See instructions for definition of "existing" facility. Complete item below.)

☐ **2. NEW FACILITY** (Complete item below.)

**FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED**  
(use the boxes to the left)  
Yr. 7 3 Mo. 0 3 Day 0 1

**FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN**  
Yr. Mo. Day

**B. REVISED APPLICATION** (place an "X" below and complete Item I above)

☐ **1. FACILITY HAS INTERIM STATUS**

☐ **2. FACILITY HAS A RCRA PERMIT**

**III. PROCESSES - CODES AND DESIGN CAPACITIES**

**A. PROCESS CODE** - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

**B. PROCESS DESIGN CAPACITY** - For each code entered in column A enter the capacity of the process.

1. **AMOUNT** - Enter the amount.

2. **UNIT OF MEASURE** - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<b>Storage:</b>			<b>Treatment:</b>		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks; surface impoundments or inciner- ators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
<b>Disposal:</b>					
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
<b>UNIT OF MEASURE</b>	<b>UNIT OF MEASURE CODE</b>	<b>UNIT OF MEASURE</b>	<b>UNIT OF MEASURE CODE</b>	<b>UNIT OF MEASURE</b>	<b>UNIT OF MEASURE CODE</b>
GALLONS.....	G	LITERS PER DAY.....	V	ACRE-FEET.....	A
LITERS.....	L	TONS PER HOUR.....	D	HECTARE-METER.....	F
CUBIC YARDS.....	Y	METRIC TONS PER HOUR.....	W	ACRES.....	B
CUBIC METERS.....	C	GALLONS PER HOUR.....	E	HECTARES.....	Q
GALLONS PER DAY.....	U	LITERS PER HOUR.....	H		

**EXAMPLE FOR COMPLETING ITEM III** (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)				1. AMOUNT	
X-1	S 0 2	600		5			
X-2	T 0 3	20		6			
1	S 0 1	7,000 000		7			
2	S 0 2	12,500 000		8			
3				9			
4				10			



CONTINUED FROM THE FRONT

## VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND									
7	2	8	6	9	(specify)	Industrial Organic Chemicals	7				(specify)								
15	16	17	18	19			15	16	17	18									

C. THIRD										D. FOURTH									
7	2	8	5	1	(specify)	Paints and Varnishes	7				(specify)								
15	16	17	18	19			15	16	17	18									

## VIII. OPERATOR INFORMATION

A. NAME																																																		B. Is the name listed in Item VIII-A also the owner?									
Cellofilm Corporation																																																		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO									

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)																														D. PHONE (area code & no.)									
F = FEDERAL										M = PUBLIC (other than federal or state)										P (specify)										201 589 3871									
S = STATE										O = OTHER (specify)																													
P = PRIVATE																																							

E. STREET OR P.O. BOX																													
45-5 Cornelia Street																													

F. CITY OR TOWN																				G. STATE					H. ZIP CODE					IX. INDIAN LAND									
Newark																				NJ					07105					Is the facility located on Indian lands?									
																														<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									

## X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)															D. PSD (Air Emissions from Proposed Sources)														
N															9 P														

B. UIC (Underground Injection of Fluids)															E. OTHER (specify)														
U															(specify)														

C. RCRA (Hazardous Wastes)															E. OTHER (specify)														
R															(specify)														

## XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

F9: A/50

## XII. NATURE OF BUSINESS (provide a brief description)

Transporter of Industrial Resins and Coatings

F9: A/51

## XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)																				B. SIGNATURE																				C. DATE SIGNED									
Robert Rossomando																				Robert Rossomando																				11/17/80									
Vice President																																																	

## COMMENTS FOR OFFICIAL USE ONLY

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--



**III. PROCESSES (continued)**

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

**IV. DESCRIPTION OF HAZARDOUS WASTES**

A. **EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. **ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. **UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE
POUNDS.....	P
TONS.....	T

METRIC UNIT OF MEASURE	CODE
KILOGRAMS.....	K
METRIC TONS.....	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

**D. PROCESSES****1. PROCESS CODES:**

**For listed hazardous waste:** For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

**For non-listed hazardous wastes:** For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

**Note:** Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

**2. PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.

2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.

3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below)** — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above



Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY												
W A J D 0 0 0 8 1 3 4 5 1 3 1													W DUP 3 2 DUP												
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																									
LINE NO.	A. EPA HAZARD. WASTENO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES																					
				1. PROCESS CODES (enter)																					
				27	28	29	27	28	29	27	28	29	27	28	29	2. PROCESS DESCRIPTION (if a code is not entered in D(1))									
1	U 0 0 2	6000 000	P	S	0	1	D	8	0																
2	U 0 3 1	6000 000	P	S	0	1	D	8	0																
3	U 1 1 2	6000 000	P	S	0	1	D	8	0																
4	U 1 4 0	6000 000	P	S	0	1	D	8	0																
5	U 1 5 4	6000 000	P	S	0	1	D	8	0																
6	U 1 5 9	6000 000	P	S	0	1	D	8	0																
7	U 1 6 1	6000 000	P	S	0	1	D	8	0																
8	U 2 2 0	6000 000	P	S	0	1	D	8	0																
9	U 2 3 9	6000 000	D	S	0	1	D	8	0																
10																Included with above									
11																									
12																									
13																									
14																									
15																									
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21																									
22																									
23																									
24																									
25																									
26																									



**IV. DESCRIPTION OF HAZARDOUS WASTES (continued)****E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.**F6:  $\frac{A}{55}$ F6:  $\frac{A}{56}$ 

EPA I.D. NO. (enter from page 1)

S	F	N	J	D	0	0	0	8	1	3	4	5	1	3	6
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

**V. FACILITY DRAWING**

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

**VI. PHOTOGRAPHS**

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

**VII. FACILITY GEOGRAPHIC LOCATION**

LATITUDE (degrees, minutes, &amp; seconds)

4	0	4	4	1	1	6
65	66	67	68	69	70	71

LONGITUDE (degrees, minutes, &amp; seconds)

0	7	4	0	8	1	5	2
72	73	74	75	76	77	78	79

**VIII. FACILITY OWNER**☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code &amp; no.)

19	18											55	56	57	58	59	60	61	62	63
----	----	--	--	--	--	--	--	--	--	--	--	----	----	----	----	----	----	----	----	----

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

19	18											40	41	42	43	44	45	46	47	48	49
----	----	--	--	--	--	--	--	--	--	--	--	----	----	----	----	----	----	----	----	----	----

**IX. OWNER CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

Robert Rossomando  
Vice President

B. SIGNATURE

Robert Rossomando

C. DATE SIGNED

11/17/80

**X. OPERATOR CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED





**INSTRUCTIONS:** If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the **INSTRUCTIONS FOR FILING NOTIFICATION** before completing this form. The information requested herein is required by law (**Section 3010 of the Resource Conservation and Recovery Act**).

file · NJ D000813451  
Reg

### COMMENTS

[illegible]

DATE RECEIVED  
(yr., mo., & day)

[illegible][illegible]

## STREET OR P.O. BOX

[illegible]

ST.

**ZIP CODE**

W	o	o	d	R	i	d	g	e										N	J	0	7	0	7	5
---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	---	---	---	---	---	---	---

## STREET OR ROUTE NUMBER

[illegible]

ST.

**ZIP CODE**[illegible]

## NAME AND TITLE (last, first, &amp; job title)

PHONE NO. (area code & no.)

Rossomando	Robert	Vice	Pres.		201	438	7100
------------	--------	------	-------	--	-----	-----	------

**A. NAME OF INSTALLATION'S LEGAL OWNER**

C	e	l	l	o	f	i	l	m		C	o	r	p	,	2	4	1		U	n	i	o	n		A	v	e		W	o	o	d	R	i	d	g	e	N	J
---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	--	---	---	---	---	---	--	---	---	---	--	---	---	---	---	---	---	---	---	---	---	---

**5. TYPE OF OWNERSHIP**  
(enter the appropriate letter into box)

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

**F - FEDERAL**  
**NI - NON-FEDERAL**

## **X A. GENERATION**

☒ **B. TRANSPORTATION** (complete item VII)

☒ C. TREAT/STORE/DISPOSE

☐ D. UNDERGROUND INJECTION

**VII. MODE OF TRANSPORTATION** (transporters only - enter "X" in the appropriate box(es))

**A. AIR**

A black and white photograph of a railroad crossing sign. The sign is rectangular with a thick black border. Inside the border, there is a large, bold, black letter 'X' centered on a light background. To the right of the sign, the words "RAILROAD CROSSING" are partially visible in a bold, sans-serif font. The sign is mounted on a post, and the background is a light, textured surface.

**X C. HIGHWAY**

**Q. D. WATER**

**E. OTHER (specify):**

### VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA I.D. Number in the space provided below.

**A. FIRST NOTIFICATION**

☐ **B. SUBSEQUENT NOTIFICATION** (complete item C)

## IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

**C. INSTALLATION'S EPA I.D. NO.**

[illegible]



**X. DESCRIPTION OF HAZARDOUS WASTES** (continued from front)

**I. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F 0 0 3	2 F 0 0 5	3	4	5	6
7	8	9	10	11	12

**II. HAZARDOUS WASTES FROM SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 K 0 7 9	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

**III. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES.** Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 U 0 0 2	32 U 0 3 1	33 U 1 1 2	34 U 1 4 0	35 U 1 5 4	36 U 1 5 9
37 U 1 6 1	38 U 2 2 0	39 U 2 3 9	40	41	42
43	44	45	46	47	48

**IV. LISTED INFECTIOUS WASTES.** Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
----	----	----	----	----	----

**V. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES.** Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE  
(D001)

☒ 2. CORROSIVE  
(D002)

☐ 3. REACTIVE  
(D003)

☐ 4. TOXIC  
(D000)

**CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME &amp; OFFICIAL TITLE (type or print)

DATE SIGNED

Robert Rossomando  
Vice President

8/20/80



SENDER: Complete items 1, 2, and 3.  
Add your address in the "RETURN TO" space on reverse.

1911, Aug. 1978

1. The following service is requested (check one).
- ☐ Show to whom and date delivered. . . . .
- ☐ Show to whom, date, and address of delivery. . . . .
- ☐ RESTRICTED DELIVERY  
Show to whom and date delivered. . . . .
- ☐ RESTRICTED DELIVERY.  
Show to whom, date, and address of delivery. . . . .
- (CONSULT POSTMASTER FOR FEES)

2. ARTICLE ADDRESSED TO:  
EPA Region 11  
Information Service Center  
26 Federal Plaza  
New York, N.Y. 10007

3. ARTICLE DESCRIPTION:

REGISTERED NO.	CERTIFIED NO.	INSURED NO.
	3610416	

(Always obtain signature of addressee or agent)

I have received the article described above.  
SIGNATURE ☐ Addressee ☐ Authorized agent

4. DATE OF DELIVERY  
8/15/80

5. ADDRESS (Complete only if requested)

6. UNABLE TO DELIVER BECAUSE:

CLERK'S  
INITIALS



RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL.

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION II  
26 FEDERAL PLAZA  
NEW YORK, NEW YORK 10278

October 3, 1980

NYD001562966

CELLOFILM CORP

137 ALEXANDER STREET  
YONKERS

NY 10701

Dear Sir:

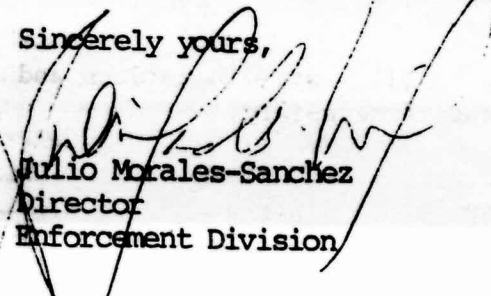
The United States Environmental Protection Agency ("EPA") regulates the handling of hazardous wastes under the Resource Conservation and Recovery Act ("RCRA") 42 U.S.C. §6901 et seq. Under Section 3010 of RCRA, 42 U.S.C. §6930, parties handling certain quantities of hazardous wastes (these wastes are characterized and listed in regulations which were published in the Federal Register of May 19, 1980, 45 FR 33084 et seq. and July 16, 1980, 45 FR 47832 et seq.) are required to notify EPA of their activities. Facilities handling wastes defined by the May 19, 1980 regulations were required to notify by August 18, 1980. Facilities handling wastes defined by the July 16, 1980 regulations are required to notify by October 14, 1980. We have not yet received a notification from you or your company.

Section 3007 of RCRA, 42 U.S.C. §6927, allows EPA to request certain information of parties who handle hazardous wastes. Based upon information available to this Agency, we believe that you or your company handles such hazardous wastes. Therefore, in order to determine the extent of your hazardous waste activity, and to determine whether you should have notified EPA pursuant to §3010, we require that you complete the questionnaire on the reverse side of this letter. Your completed form should be returned to us within 21 days of the date of this letter. The questionnaire must be completed and signed by a responsible official of your firm. If you have already notified EPA of your hazardous waste activity, please complete the questionnaire but indicate on the form your prior notification and list your EPA Identification Number, if available.

Your failure to respond to this letter in a timely manner may subject you to the initiation of enforcement action under Section 3008 of RCRA, 42 U.S.C. §6928. Such enforcement action may include the assessment of substantial penalties for continued non-compliance.

Completion of the questionnaire on the reverse side of this letter does not constitute notification under RCRA. If you have any questions on the contents of this letter or desire a notification package, please write the EPA Information Service Center (ISC) of 26 Federal Plaza, New York, New York 10278.

Sincerely yours,

  
Julio Morales-Sanchez  
Director  
Enforcement Division

RECEIVED OCT 9 1980





UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION II

26 FEDERAL PLAZA

NEW YORK NEW YORK 10278

FEB 22 1981

Dear Sir:

The United States Environmental Protection Agency (EPA) regulates the handling of hazardous wastes under the Resource Conservation and Recovery Act (RCRA), 42 U.S.C. §6901 et seq. Under Section 3010 of RCRA, 42 U.S.C. §6930, parties handling certain quantities of hazardous wastes are required to notify EPA of their activities. These wastes are characterized and listed in regulations which were published in the Federal Register of May 19, 1980, 45 FR 33084 et seq. and July 16, 1980, 45 FR 47832 et seq. Facilities handling wastes defined by the May 19, 1980 regulations were required to notify EPA by no later than August 18, 1980. Facilities handling wastes defined by the July 16, 1980 regulations were required to notify EPA by no later than October 14, 1980. We have received notification from your company identifying you as a generator of hazardous wastes.

Section 3007 of RCRA, 42 U.S.C. §6927, allows EPA to request certain information from parties who handle hazardous wastes. In order to determine the extent of your hazardous waste activity and more fully develop our regulatory program, we hereby require that you answer the questions posed below. Your reply should be completed and signed by a responsible official of your company, and must be returned to us within 15 calendar days of the date of this letter.

Please answer the following questions:

1. List all hazardous wastes which have been generated at the facility named in the address of this letter, above, between November 19, 1980 and the present. For each such waste, provide the chemical name (or generally accepted common name), and state the quantities of such wastes and the date(s) on which the wastes were generated. Information on the quantities and dates may be provided as a daily or weekly total; specify the reporting period which you use in answering this question.

2. How have these wastes been disposed of? Specifically, if any wastes have been removed from the premises of the above-named facility, list the dates of such removal, the quantities and types of wastes removed, the transporter or carrier which performed the removal, and the address and EPA Identification Number of such transporter or carrier. Also list the treatment, storage or disposal facility to which such wastes were removed, including the address and EPA Identification Number of each such facility, the types and quantities of wastes brought to each facility, and the dates on which those wastes were brought to each.
3. For any wastes generated during the specified period, but not removed from the premises of the above-named facility, state whether it is your intention to store such wastes on the premises for longer than 90 days from the date they were generated. If the answer is yes, list the types and quantities of wastes to be so stored, and state whether you have received an EPA identification number as a hazardous waste storage facility.


Your response to this letter should be addressed to:

Bruce Adler  
Attorney  
General Enforcement Branch  
Enforcement Division  
U.S. Environmental Protection Agency, Region II  
26 Federal Plaza, Room 437  
New York, New York 10278

Your failure to respond to this letter within the time provided may subject you to the initiation of an enforcement action under Section 3008 of RCRA, 42 U.S.C. §6928. Such enforcement action may include the assessment of substantial penalties of up to \$25,000.00 for continued non-compliance.

If you have any questions concerning this letter, you may call Mr. Adler at (212) 264-9898.

Sincerely yours,

  
Julio Morales-Sanchez  
Director  
Enforcement Division



**STRAUBING & RUBIN**  
CONSULTING ENGINEERS

6 SOUTH ORANGE AVENUE  
SOUTH ORANGE, N. J. 07079

(201) 762-5950  
TELEX NO. 138196

July 7, 1982

Dr. Richard Baker  
Permits Administration Branch  
Room 432  
U.S. Environmental Protection Agency  
26 Federal Plaza  
New York, New York 10007

- Re: 1. Cellofilm Corporation, Newark, New Jersey  
EPA Id. Nbr. NJD000813451
2. Cellofilm Corporation, Wood-Ridge, New Jersey  
EPA Id. Nbr. NJD001394303

Our Project No. C-1688

Dear Dr. Baker:

Attached are refilings of EPA Form 8700-12 (6-80) and EPA Form 3510-1 (6-80) for our client, Cellofilm Corporation. These forms apply to their facilities located at 45-5 Cornelia Street, Newark, New Jersey, and 241 Union Avenue, Wood-Ridge, New Jersey. In essence, these two facilities are refiling as only generators of hazardous waste. After further review of Cellofilm's operations, it was determined that neither facility is a T/S/D facility, nor do they transport hazardous waste as was stated on the original applications.

If there are any questions regarding the above, please contact the undersigned.

Very truly yours,

STRAUBING & RUBIN

*Kenneth C Friis*  
Kenneth C. Friis

KCF:bmc

Attachments:

cc: Mr. S. Eysmann  
Mr. P. Sullivan  
Mr. R. Rossomando

PERMITS ADMIN. BRANCH  
REGION II  
JUL 7 4 59 PM '82  
ENVIRONMENTAL PROTECTION  
AGENCY  
NEW YORK, N.Y. 10007

Delete  
C119, 1105  
1103, 1107  
date

GH  
HWDMs  
9/24/82

*Deelte  
BP  
Category*





**INSTRUCTIONS:** If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

## COMMENTS

STREET OR P.O. BOXCITY OR TOWNSTREET OR ROUTE NUMBERCITY OR TOWNNAME AND TITLE (last, first, & job title)A. NAME OF INSTALLATION'S LEGAL OWNER

#### ☐ D. UNDERGROUND INJECTION

☐ E. OTHER (specify):C. INSTALLATION'S EPA I.D. NO.

**CONTINUE ON REVERSE**



I.D. - FOR OFFICIAL USE ONLY														
5														
W														
1	2											13	14	15

# IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

**A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F 0 0 3 23 - 26	2 F 0 0 5 23 - 26	3 23 - 26	4 23 - 26	5 23 - 26	6 23 - 26
7 23 - 26	8 23 - 26	9 23 - 26	10 23 - 26	11 23 - 26	12 23 - 26

**B. HAZARDOUS WASTES FROM SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 23 - 26	14 23 - 26	15 23 - 26	16 23 - 26	17 23 - 26	18 23 - 26
19 23 - 26	20 23 - 26	21 23 - 26	22 23 - 26	23 23 - 26	24 23 - 26
25 23 - 26	26 23 - 26	27 23 - 26	28 23 - 26	29 23 - 26	30 23 - 26

**C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES.** Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 U 0 3 1 23 - 26	32 U 2 3 9 23 - 26	33 U 2 2 0 23 - 26	34 23 - 26	35 23 - 26	36 23 - 26
37 23 - 26	38 23 - 26	39 23 - 26	40 23 - 26	41 23 - 26	42 23 - 26
43 23 - 26	44 23 - 26	45 23 - 26	46 23 - 26	47 23 - 26	48 23 - 26

**D. LISTED INFECTIOUS WASTES.** Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 23 - 26	50 23 - 26	51 23 - 26	52 23 - 26	53 23 - 26	54 23 - 26
---------------	---------------	---------------	---------------	---------------	---------------

**E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES.** Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE  
(D001)


☐ 2. CORROSIVE  
(D002)

☐ 3. REACTIVE  
(D003)

☐ 4. TOXIC  
(D000)

# X. CERTIFICATION


I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE 	NAME & OFFICIAL TITLE (type or print) Robert Rossomando Vice President	DATE SIGNED 6/28/82
--	--	------------------------



FORM 1

GENERAL



U.S. ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

5	6	7	8	9	10	11	12	13	14	15	T/A	C
F	N	J	D	0	0	0	8	1	3	4	5	D
1	2	3	4	5	6	7	8	9	10	11	12	13

LABEL ITEMS

I. EPA I.D. NUMBER

III. FACILITY NAME

V. FACILITY MAILING ADDRESS

VI. FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

**II. POLLUTANT CHARACTERISTICS**

**INSTRUCTIONS:** Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		X		F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

**III. NAME OF FACILITY**

C	1	SKIP	CE	LO	FI	L	M	.	C	O	R	P	O	R	A	T	I	O	N	.
18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38

**IV. FACILITY CONTACT**

A. NAME & TITLE (last, first, & title)										B. PHONE (area code & no.)																														
C	2	R	O	S	S	O	M	A	N	D	O	.	R	O	B	E	R	T	.	V	I	C	E	P	R	E	S	.	2	0	1	.	4	3	8	.	7	1	0	0
18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55			

**V. FACILITY MAILING ADDRESS**

A. STREET OR P.O. BOX																																							
C	3	2	4	1	.	U	N	I	O	N	.	A	V	E	N	U	E	.																					
18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55		

B. CITY OR TOWN										C. STATE		D. ZIP CODE																									
C	4	W	O	O	D	-	R	I	D	G	E	.	N	J	.	0	7	0	7	9																	
18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55

**VI. FACILITY LOCATION**

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER																																							
C	5	4	5	-	5	.	C	O	R	N	E	L	I	A	.	S	T	R	E	E	T	.																	
18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55		

B. COUNTY NAME																																						
C	6	E	S	S	E	X	.																															
18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	

C. CITY OR TOWN										D. STATE		E. ZIP CODE		F. COUNTY CODE (if known)																							
C	6	N	E	W	A	R	K	.					N	J	.	0	7	1	0	5																	
18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55



**VII. SIC CODES (4-digit, in order of priority)**

A. FIRST										B. SECOND									
(specify) 7 2 8 6 9 INDUSTRIAL ORGANIC CHEMICALS										(specify) 7									
C. THIRD										D. FOURTH									
(specify) 7 2 8 5 1 PAINTS AND VARNISHES										(specify) 7									

**VIII. OPERATOR INFORMATION**

A. NAME																																								B. Is the name listed in Item VIII-A also the owner?									
8 C E L L O F I L M C O R P O R A T I O N																																								<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 66									
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)																														D. PHONE (area code & no.)																			
F = FEDERAL M = PUBLIC (other than federal or state) P (specify) S = STATE O = OTHER (specify) P = PRIVATE																														A 2 0 1 5 8 9 3 8 7 1 15 16 17 18 19 20 21 22 23 24																			
E. STREET OR P.O. BOX																																																	
4 5 - 5 C O R N E L I A S T R E E T																																																	
F. CITY OR TOWN																				G. STATE					H. ZIP CODE					IX. INDIAN LAND																			
B N E W A R K																				N J					0 7 1 0 5					Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 52																			

**X. EXISTING ENVIRONMENTAL PERMITS**

A. NPDES (Discharges to Surface Water)															D. PSD (Air Emissions from Proposed Sources)														
9 N															9 P														
B. UIC (Underground Injection of Fluids)															E. OTHER (specify)														
9 U															(specify)														
C. RCRA (Hazardous Wastes)															E. OTHER (specify)														
9 R															(specify)														

**XI. MAP**

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

**XII. NATURE OF BUSINESS (provide a brief description)**

This facility transports finished products from a facility that manufactures industrial resins and coatings. Small quantities of hazardous waste are generated when tank truck compartments are washed with Xylene, Toluene, and/or N-Butyl Alcohol to avoid cross-contamination between the various products being transported. Hazardous wastes are removed from the site within 90 day of their generation by an authorized waste hauler for proper disposal.

**XIII. CERTIFICATION (see instructions)**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

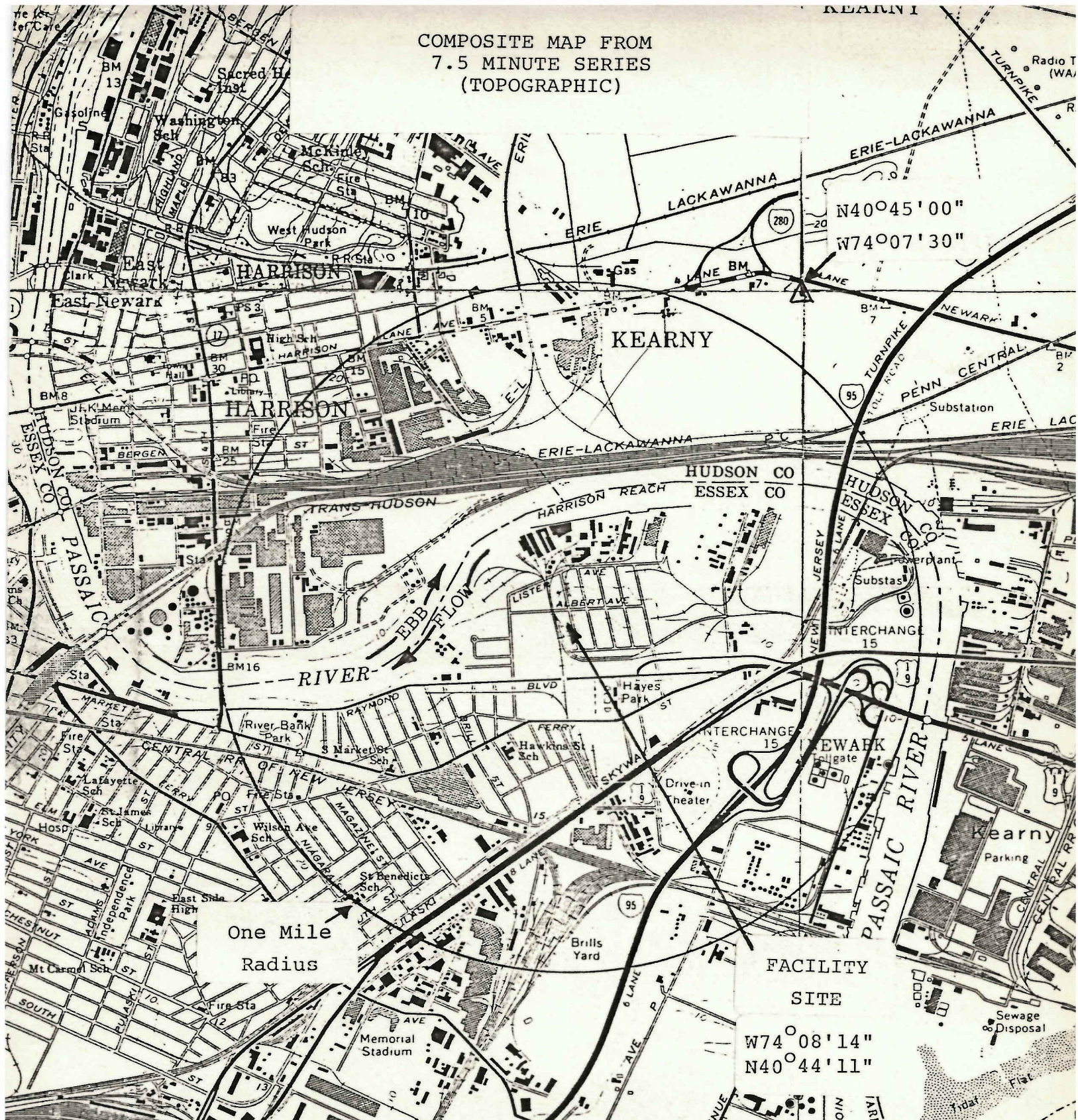
A. NAME & OFFICIAL TITLE (type or print)		B. SIGNATURE		C. DATE SIGNED	
Robert Rossomando Vice-President		<i>Robert Rossomando</i>		6/28/82	

**COMMENTS FOR OFFICIAL USE ONLY**

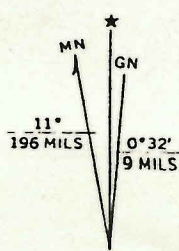
C	



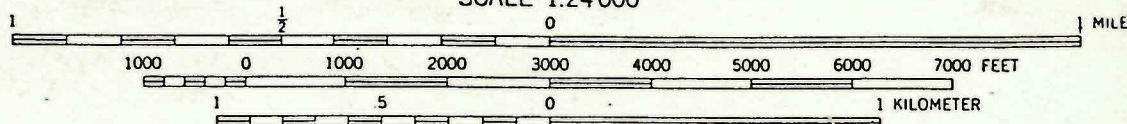
COMPOSITE MAP FROM  
7.5 MINUTE SERIES  
(TOPOGRAPHIC)



SCALE 1:24 000



UTM GRID AND 1967 MAGNETIC NORTH  
DECLINATION AT CENTER OF SHEET



CONTOUR INTERVAL 10 FEET

DATUM IS MEAN SEA LEVEL

DEPTH CURVES AND SOUNDINGS IN FEET—DATUM IS MEAN LOW WATER

SHORELINE SHOWN REPRESENTS THE APPROXIMATE LINE OF MEAN HIGH WATER

THE MEAN RANGE OF TIDE IS APPROXIMATELY 4.8 FEET

THIS MAP COMPLIES WITH NATIONAL MAP ACCURACY STANDARDS  
FOR SALE BY U. S. GEOLOGICAL SURVEY, WASHINGTON, D. C. 20242



TSD Delete  
"SOI 290 days - see DEP  
LTR 10-24-83



## State of New Jersey

### DEPARTMENT OF ENVIRONMENTAL PROTECTION

#### DIVISION OF WASTE MANAGEMENT

32 E. Hanover St., CN 027, Trenton, N.J. 08625

Dr. Marwan M. Sadat |  
DIRECTOR

LINO F. PEREIRA  
DEPUTY DIRECTOR

October 24, 1983

Mr. Robert Rossomando, Vice President  
Cellofilm Corporation  
241 Union Avenue  
Wood-Ridge, New Jersey 07075

RE: Operating Status of Cellofilm Corporation, Newark Plant  
EPA ID NO. NJD000813451

Dear Mr. Rossomando:

The Bureau of Hazardous Waste Engineering (the Bureau) is in receipt of a letter from Straubing & Rubin dated September 13, 1983 clarifying that the storage tank as delineated in your company's Part A application is an error and no such tank exists at this facility. The Bureau also received a letter from Straubing & Rubin dated July 7, 1983 requesting that the referenced facility be reclassified from a hazardous waste treatment, storage or disposal (TSD) facility to "generator only" status. According to your company's consultant's correspondence, it is the Bureau's understanding that the referenced facility accumulates on-site generated wastes in containers only for periods of 90 days or less.

Therefore, on the basis of this information, the Bureau classifies your facility solely as a generator provided all such waste is accumulated on-site and the following requirements of N.J.A.C. 7:26-9.3 and 40 CFR 262.34 are complied with:

- 1) All such waste is, within 90 days or less, shipped off-site to an authorized facility or placed in an on-site authorized facility, as defined at N.J.A.C. 7:26-1.4.
- 2) The waste is placed in containers which meet the standards of N.J.A.C. 7:26-7.2 and are managed in accordance with N.J.A.C. 7:26-9.4(d).
- 3) The date upon which each period of accumulation begins is clearly marked and visible for inspection on each container.
- 4) The generator complies with the requirements for owners and operators of N.J.A.C. 7:26-9.6 and 9.7 concerning preparedness and prevention, contingency plans and emergency procedures as well as N.J.A.C. 7:26-9.4(g) concerning personnel training.

Robert Rossomando

-2-

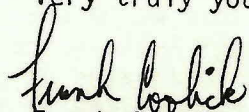
October 24, 1983

This written acknowledgement of the delisting of the above identified facility from TSD facility status to generator status, is based expressly on the review of the aforementioned correspondence. This letter makes no claim as to the extent and physical condition of the actual hazardous waste activities occurring at the site mentioned above.

Your company's hazardous waste facility above is no longer included in DEP's list of "existing facilities" (see N.J.A.C. 7:26-1.4 and 12.3) and therefore does not need to conform with the interim operating requirements of N.J.A.C. 7:26-1 et seq. for "existing facilities". It is the company's responsibility to operate within the conditions listed above. To operate a hazardous waste facility without prior approval from the DEP is a violation of the Solid Waste Management Act N.J.S.A. 13:1E-1 et seq.

If you have any questions on this matter, please call my office at (609) 292-9880.

Very truly yours,



Frank Coolick, Chief  
Bureau of Hazardous Waste Engineering

EP11/jb

c: Joel Golumbek  
USEPA, Region II

Dave Leu, Ph. D.  
NJDEP, DWM, BHWCM

NOV 4 2 10 PM '83  
ENVIRONMENTAL PROTECTION  
AGENCY  
NEW YORK, N.Y. 10007





**State of New Jersey**

**DEPARTMENT OF ENVIRONMENTAL PROTECTION**

**DIVISION OF WASTE MANAGEMENT**

32 E. Hanover St., CN 027, Trenton, N.J. 08625

Dr. Marwan M. Sadat |  
DIRECTOR

LINO F. PEREIRA  
DEPUTY DIRECTOR

October 24, 1983

Mr. Robert Rossomando, Vice President  
Cellofilm Corporation  
241 Union Avenue  
Wood-Ridge, New Jersey 07075

RE: Operating Status of Cellofilm Corporation, Newark Plant  
EPA ID NO. **NJD000813451**

Dear Mr. Rossomando:

The Bureau of Hazardous Waste Engineering (the Bureau) is in receipt of a letter from Straubing & Rubin dated September 13, 1983 clarifying that the storage tank as delineated in your company's Part A application is an error and no such tank exists at this facility. The Bureau also received a letter from Straubing & Rubin dated July 7, 1983 requesting that the referenced facility be reclassified from a hazardous waste treatment, storage or disposal (TSD) facility to "generator only" status. According to your company's consultant's correspondence, it is the Bureau's understanding that the referenced facility accumulates on-site generated wastes in containers only for periods of 90 days or less.

Therefore, on the basis of this information, the Bureau classifies your facility solely as a generator provided all such waste is accumulated on-site and the following requirements of N.J.A.C. 7:26-9.3 and 40 CFR 262.34 are complied with:

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- 2) The waste is placed in containers which meet the standards of N.J.A.C. 7:26-7.2 and are managed in accordance with N.J.A.C. 7:26-9.4(d).
- 3) The date upon which each period of accumulation begins is clearly marked and visible for inspection on each container.
- 4) The generator complies with the requirements for owners and operators of N.J.A.C. 7:26-9.6 and 9.7 concerning preparedness and prevention, contingency plans and emergency procedures as well as N.J.A.C. 7:26-9.4(g) concerning personnel training.

**STRAUBING & RUBIN**  
CONSULTING ENGINEERS

6 SOUTH ORANGE AVENUE  
SOUTH ORANGE, N. J. 07079

(201) 762-5950  
TELEX NO. 138196

September 13, 1983

Mr. Frank Coolick, Chief  
Bureau of Hazardous Waste Engineering  
State of New Jersey  
Department of Environmental Protection  
32 E. Hanover St. CN-027  
Trenton, N.J. 08625

Ref: Cellofilm Corporation Truck  
Loading Facility RCRA Facility  
Classification S & R 1797

Dear Mr. Coolick:

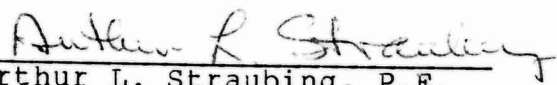
We received a call this date (September 13, 1983) concerning Cellofilm's classification.

The call related to an apparent discrepancy between the original RCRA filing November 1980 and the revised subsequent filing dealing with Cellofilm's classification insofar as it relates to RCRA.

The call stated that in the original filing on November 1980, when Cellofilm filed as a TSD facility, a 12,000 gallon on site storage tank was utilized for storage of "Waste". The revised application in which Cellofilm filed as a "generator" only, makes no mention of this tank. In accordance with your request of this date, we wish to state that there never was, nor is there presently, a 12,000 gallon storage tank for "waste".

Since we did not file the original application, we have no knowledge of why such a tank was incorporated in the 1980 filing. We would appreciate a copy of that application for our records. We trust that the foregoing supplies the information that you requested and hopefully this will adjust the apparent discrepancy.

Very truly yours,

  
Arthur L. Straubing, P.E.  
STRAUBING & RUBIN  
On behalf of Cellofilm Corporation

ALS:ms

cc: Mr. R. Russamondo, V. Pres.



ali

**STRAUBING & RUBIN**  
CONSULTING ENGINEERS

6 SOUTH ORANGE AVENUE  
SOUTH ORANGE, N. J. 07079

(201) 762-5950  
TELEX NO. 138196

July 7, 1982

Dr. Richard Baker  
Permits Administration Branch  
Room 432  
U.S. Environmental Protection Agency  
26 Federal Plaza  
New York, New York 10007

- Re: 1. Cellofilm Corporation, Newark, New Jersey  
EPA Id. Nbr. NJD000813451
2. Cellofilm Corporation, Wood-Ridge, New Jersey  
EPA Id. Nbr. NJD001394303

Our Project No. C-1688

Dear Dr. Baker:

Attached are refilings of EPA Form 8700-12 (6-80) and EPA Form 3510-1 (6-80) for our client, Cellofilm Corporation. These forms apply to their facilities located at 45-5 Cornelia Street, Newark, New Jersey, and 241 Union Avenue, Wood-Ridge, New Jersey. In essence, these two facilities are refiling as only generators of hazardous waste. After further review of Cellofilm's operations, it was determined that neither facility is a T/S/D facility, nor do they transport hazardous waste as was stated on the original applications.

If there are any questions regarding the above, please contact the undersigned.

Very truly yours,

STRAUBING & RUBIN

*Kenneth C Friis*  
Kenneth C. Friis

KCF:bmc  
Attachments:

cc: Mr. S. Eysmann  
Mr. P. Sullivan  
Mr. R. Rossomando ✓





**II. POLLUTANT CHARACTERISTICS**

**INSTRUCTIONS:** Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

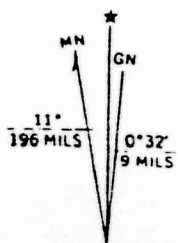
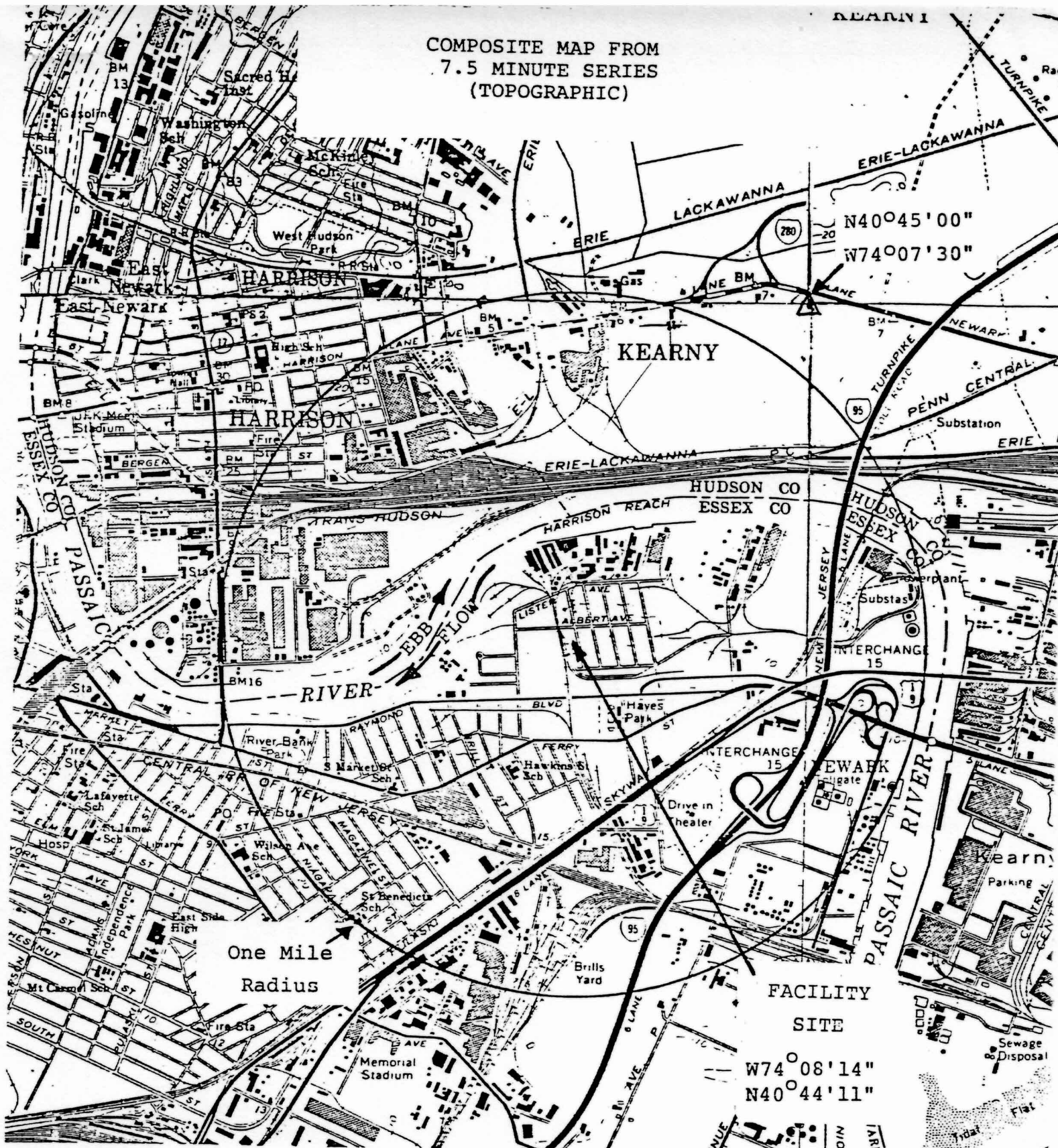
III. NAME OF FACILITY			
C			
1	SKIP	CELLOFILM CORPORATION	
13	16 - 22	30	69

12		15		V. FACILITY MAILING ADDRESS			
				A. STREET OR P.O. BOX			
E.							
3		241		UNION AVENUE			
12		15				43	

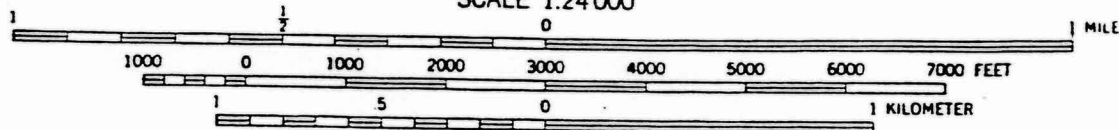
B. CITY OR TOWN		C. STATE	D. ZIP CODE
4	WOOD - RIDGE	N. J.	07079

VL FACILITY LOCATION																		
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER																		
5	4	5	-	5	C	O	R	N	E	L	I	A	S	T	R	E	E	T
B. COUNTY NAME										48								
E										S		S		E		X		
C. CITY OR TOWN										D. STATE		E. ZIP CODE		F. COUNTY CODE (if known)				
6	N	E	W	A	R	K				N	J	0	7	1	0	5		
13 14										51 52		57 58		59 60				

COMPOSITE MAP FROM  
7.5 MINUTE SERIES  
(TOPOGRAPHIC)



UTM GRID AND 1967 MAGNETIC NORTH  
DECLINATION AT CENTER OF SHEET



CONTOUR INTERVAL 10 FEET

DATUM IS MEAN SEA LEVEL

DEPTH CURVES AND SOUNDINGS IN FEET—DATUM IS MEAN LOW WATER  
SHORELINE SHOWN REPRESENTS THE APPROXIMATE LINE OF MEAN HIGH WATER  
THE MEAN RANGE OF TIDE IS APPROXIMATELY 4.8 FEET

THIS MAP COMPLIES WITH NATIONAL MAP ACCURACY STANDARDS  
FOR SALE BY U.S. GEOLOGICAL SURVEY





PLEASE PLACE LABEL IN THIS SPACE

### III LOCATION OF INSTALLATION

Please go to the reverse of this form and provide the requested information.

<b>FORM 1</b> <b>GENERAL</b>		<b>EPA</b> <b>U.S. ENVIRONMENTAL PROTECTION AGENCY</b> <b>GENERAL INFORMATION</b> <i>Consolidated Permits Program</i> (Read the "General Instructions" before starting.)		<b>EPA I.D. NUMBER</b> F N J D 0 0 1 3 9 4 3 0 3	
<b>LABEL ITEMS</b>		<b>PLEASE PLACE LABEL IN THIS SPACE</b>		<b>GENERAL INSTRUCTIONS</b>	
<b>I. EPA I.D. NUMBER</b>				If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	
<b>III. FACILITY NAME</b>					
<b>V. FACILITY MAILING ADDRESS</b>					
<b>VI. FACILITY LOCATION</b>					

<b>II. POLLUTANT CHARACTERISTICS</b>					
<b>INSTRUCTIONS:</b> Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.					
<b>SPECIFIC QUESTIONS</b>		<b>MARK 'X'</b>		<b>SPECIFIC QUESTIONS</b>	
		<b>YES</b>	<b>NO</b>	<b>FORM ATTACHED</b>	
<b>A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)</b>			X		<b>B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)</b>
<b>C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)</b>			X		<b>D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)</b>
<b>E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)</b>			X		<b>F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)</b>
<b>G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)</b>			X		<b>H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)</b>
<b>I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)</b>			X		<b>J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)</b>

<b>III. NAME OF FACILITY</b>	
<b>1</b>	SKIP CELLOFILM CORPORATION

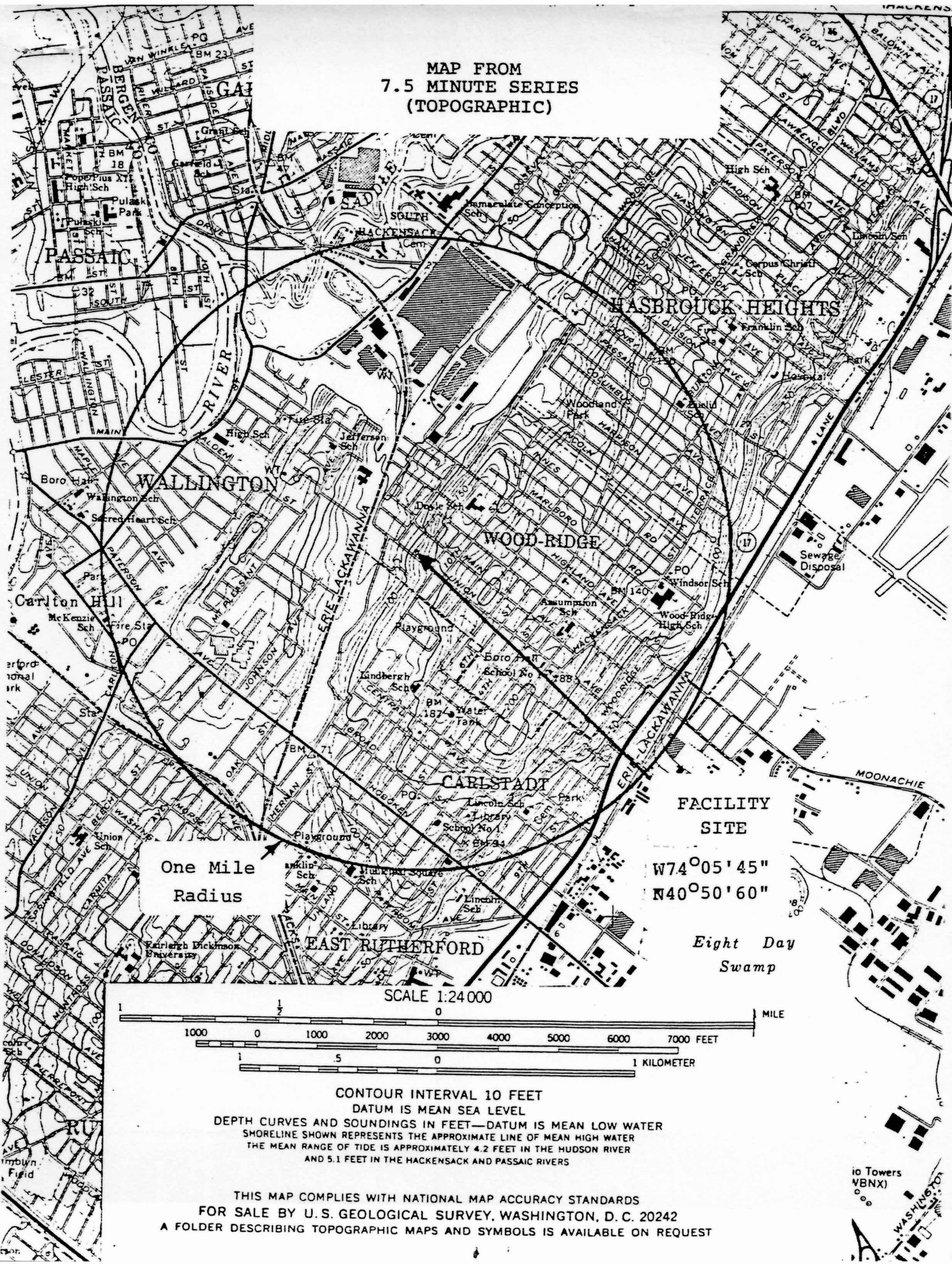
<b>IV. FACILITY CONTACT</b>	
<b>A. NAME &amp; TITLE (last, first, &amp; title)</b>	
<b>2</b>	ROSSOMANDO, ROBERT VICE PRES
<b>B. PHONE (area code &amp; no.)</b>	
<b>201</b>	438 7100

<b>V. FACILITY MAILING ADDRESS</b>	
<b>A. STREET OR P.O. BOX</b>	
<b>3</b>	241 UNION AVENUE
<b>B. CITY OR TOWN</b>	
<b>4</b>	WOOD-RIDGE
<b>C. STATE</b>	
<b>NJ</b>	
<b>D. ZIP CODE</b>	
<b>07075</b>	

<b>VI. FACILITY LOCATION</b>	
<b>A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER</b>	
<b>5</b>	SAME AS ABOVE
<b>B. COUNTY NAME</b>	
<b>BERGEN</b>	
<b>C. CITY OR TOWN</b>	
<b>6</b>	WOOD-RIDGE
<b>D. STATE</b>	
<b>NJ</b>	
<b>E. ZIP CODE</b>	
<b>07075</b>	
<b>F. COUNTY CODE (if known)</b>	



MAP FROM  
7.5 MINUTE SERIES  
(TOPOGRAPHIC)



One Mile  
Radius

SCALE 1:24 000

FACILITY  
SITE

W74°05'45"  
N40°50'60"

Eight Day  
Swamp

CONTOUR INTERVAL 10 FEET

DATUM IS MEAN SEA LEVEL

DEPTH CURVES AND SOUNDINGS IN FEET—DATUM IS MEAN LOW WATER

SHORELINE SHOWN REPRESENTS THE APPROXIMATE LINE OF MEAN HIGH WATER

THE MEAN RANGE OF TIDE IS APPROXIMATELY 4.2 FEET IN THE HUDSON RIVER  
AND 5.1 FEET IN THE HACKENSACK AND PASSAIC RIVERS

THIS MAP COMPLIES WITH NATIONAL MAP ACCURACY STANDARDS  
FOR SALE BY U.S. GEOLOGICAL SURVEY, WASHINGTON, D. C. 20242  
A FOLDER DESCRIBING TOPOGRAPHIC MAPS AND SYMBOLS IS AVAILABLE ON REQUEST

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VBX(X)